



CORNERSTONE
BAPTIST CHURCH

**PERMISSION &
MEDICAL INFO
FORM**

****PLEASE FILL OUT COMPLETELY****

CHILD'S NAME: _____ PARENT / GUARDIAN _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME AND PHONE NUMBER IF YOU ARE UNAVAILABLE:

NAME: _____ PHONE # _____

PERMISSION TO PARTICIPATE

I, (PARENT NAME) _____ hereby give permission for (CHILD/STUDENT NAME) _____ to participate in and be transported to and from any activities, events, retreats, or trips sponsored by the Children's and/or Student Ministry of Cornerstone Baptist Church, Hartwell, GA from now through 8/1/2026.

MEDICAL RELEASE

In the event that (CHILD/STUDENT NAME) _____ becomes ill or sustains an injury while on a sponsored activity/event with Cornerstone Baptist Church, I, the undersigned, give my permission to its employees, agents, or chaperones, to take whatever steps necessary to stop any bleeding and/or to administer first aid.

I also consent to an X-ray examination, anesthetic, medical (or dental) or surgical diagnosis and treatment including invasive procedures and hospital care as well as the administration of drugs or medicine to be rendered to my son or daughter under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon.

I understand that this consent will apply to all emergency situations present and future in effect until written revocations made. It is my responsibility to provide current and correct insurance information to the Church Office and my responsibility to update such information should it change within the year.

I assume all risks and hazards incidental to the conduct of the activities, events, retreats or trips and transportation to and from these activities, events, retreats or trips. I hereby release, absolve, indemnify, hold harmless, and forever discharge Cornerstone Baptist Church, its employees, agents, organizers, chaperones, or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage to my child/student while participating in any activity, event, retreat or trip. I likewise release from responsibility any person transporting my child/youth to and from said activities, events, retreats or trips.

Signature of parent or legal guardian

Date

MORE ON BACK

PHOTOGRAPHY CONSENT

I understand that Cornerstone Baptist Church regularly photographs, videotapes, or records by other visual or sound recording devices during our worship services, Sunday school and other church sponsored activities, events, retreats and trips. In consideration for allowing my child to participate in said activities, events, retreats and trips, I consent to my child's photograph, likeness or image being used by Cornerstone Baptist Church in video presentations, publications, promotions, on their web site or in any other lawful manner.

Signature of parent or legal guardian

Date

****PLEASE ATTACH A COPY OF THE FRONT & BACK OF YOUR INSURANCE CARD TO THIS FORM****

*IF ANY OF MEDICAL OR INSURANCE INFORMATION CHANGES DURING THE YEAR, I UNDERSTAND IT IS **MY RESPONSIBILITY** TO NOTIFY THE CHURCH OFFICE AND UPDATE THIS FORM.*

INSURANCE POLICY #: _____ INSURANCE COMPANY _____

POLICY UNDER NAME OF: _____

DATE OF LAST TETANUS SHOT: _____

LIST ANY CURRENT MEDICAL / PHYSICAL CONDITIONS AND MEDICATIONS:

ALLERGIES: _____

SPECIAL DIETARY ISSUES: _____

FAMILY DOCTOR': _____ PHONE #: _____

I hereby submit that the above information is current, correct and to the best of my knowledge.

Signature of parent or legal guardian

Date