

# Cornerstone Medical & Liability Form

I, the Guardian of \_\_\_\_\_, do hereby authorize the youth worker representing Cornerstone Covenant Church, 4105 Crowell Rd, Turlock, CA 95382 as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office or hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of aforesaid agent to give specific consent to any and all such diagnosis, treatment and hospital judgement they may deem advisable.

It is understood that, as guardians, we are responsible for all medical costs.

Parent's Name \_\_\_\_\_  
(Print Last Name) (First Name)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

If unable to reach in emergency, notify \_\_\_\_\_  
(Print First & Last Name)

\_\_\_\_\_ Address City State Zip  
(\_\_\_\_)

Relationship Phone Number

Family Physician \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

### ALLERGIES:

Insect Stings  Heart Condition  Epilepsy  Drugs  
 Chronic Asthma  Stomach Upsets  Hay Fever  Diabetes  
 Physical Handicap  Nervous Disorder  Other Allergies

Please provide details (reactions, treatment) to any items checked above \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Name & dosage of any medications being taken: \_\_\_\_\_

Any swimming restrictions: Yes \_\_\_ No \_\_\_ Any activities restrictions: Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Health Insurance Coverage: Yes \_\_\_ No \_\_\_ Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Policy Holder DOB \_\_\_\_\_

**\*SEE BACKSIDE**

\*\*\*\*\*

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Cornerstone Medical & Liability Form

## Liability Release

By signing this form, you, the parent or guardian, agree to assume all risks and hazards inherent in church related social activities. You also agree not to hold Cornerstone Covenant Church or its employees or volunteers liable for damages or injuries to the minor listed on this form or their property.

## Behavior Release

Participation in youth activities is a privilege, not a right. Cornerstone staff will explain all rules and guidelines to the students. In the event that the student named on this release does not follow the rules and guidelines set forth by Cornerstone staff, you hereby acknowledge that they may be disciplined by being sent home from the event at your expense.

## Transportation Release

Many of our youth and children's events take place at locations other than Cornerstone. Usually we will provide transportation to and from these events. Sometimes students will also request rides from our staff to or from our regular meetings. By signing this release you, the parent or guardian, authorize our drivers to transport your child when necessary.

My child meets the California State Law car seat requirements, which state that, children must be seated in the rear seat of a vehicle in an appropriate car seat or booster seat until they are 8 years old or 4'9" tall. Children must remain in a rear facing car seat until they weigh 40 pounds or more or are at least 40 inches tall.

My child does not meet the requirements and I have provided and installed the appropriate car seat or booster seat into the car that they will be riding in for this trip.

I will drive my child to and from the activity they will be attending with Cornerstone Covenant Church.

IF POSSIBLE: please have all adults responsible for the above-named minor (i.e. father and mother, step-parent, guardian) sign this form.

|                 |            |                    |
|-----------------|------------|--------------------|
| Signature _____ | Date _____ | Relationship _____ |
| Signature _____ | Date _____ | Relationship _____ |
| Signature _____ | Date _____ | Relationship _____ |
| Signature _____ | Date _____ | Relationship _____ |

### **Please return to Anthony or mail to:**

Cornerstone Covenant  
Youth Ministries  
4105 Crowell Road  
Turlock, CA 95382-0200