

PERMISSION SLIP/MEDICAL RELEASE

Name: _____

Address: _____

Home Phone: _____ Parent's Name: _____

Any restrictions from parents, medical or otherwise: _____

Please list any medications with directions: _____

Allergies: _____

Insurance: _____ Policy #: _____

Insurance Company Phone #: _____

Section II – Permission Release

I will not hold Cornerstone Baptist Church, its leadership or chaperones, responsible for any accident, injury, or property damage that may occur while on the above listed trip.

I agree that I/my child will be responsible to comply with any and all rules, published or spoken. I further agree that if I/my child presents themselves as a discipline problem, at the discretion of the leadership of Cornerstone Baptist Church, I will accept my/my child's immediate return and pay for any expenses incurred for such action.

Should a medical emergency arise while I/my child is on this trip, I give my permission for the leadership of Cornerstone Baptist Church to seek or perform medical treatment such as they deem necessary.

Signature: _____ Notary Signature: _____

Date: _____ Commission Exp: _____

Relationship: _____