

# Remedy Student Ministries

## Medical Release Form

September 2011– August 2012

SOME ACTIVITIES/EVENTS MAY REQUIRE ADDITIONAL RELEASE FORMS.  
THESE WILL BE PROVIDED FOR YOU IN ADVANCE OF SUCH AN ACTIVITY/EVENT.

Because of the increasing sophistication of our hospital systems, it is wise to have signed parental release forms in the unlikely event of some serious injury requiring hospital treatment. This release gives us permission to take your student to the nearest available medical facility and have the necessary medical treatment administered. This is not necessary from our perspective, but from your perspective, since many hospitals will not administer any medical attention to a minor without some parental consent.

Please read and sign the statement in italic letters. This provides permission to seek whatever medical attention may be necessary. *I understand the arrangements for Wednesday night youth group and scheduled youth events on site and off site. I believe that the necessary precautions and plans for the care and supervision of my student will be taken during each activity. In case of an emergency I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Cornerstone Church Youth Leadership or other emergency medical personnel the permission to act on my behalf in seeking emergency medical treatment for this student in the event that such treatment is deemed necessary. I give permission to those administering emergency medical treatment to do so using those measures deemed necessary.*

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Today's date: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) - \_\_\_\_\_ Home Phone: (\_\_\_\_\_) - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) - \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

If Parent/Guardian are not available, please call person below:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

May we administer over-the-counter-medications: (Ex: aspirin, Tylenol, Advil, antibiotic ointments, etc)  Yes  No

Additional comments regarding medical history, allergies, penicillin or drug reaction, etc., which may be needed in treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### Photo/Video Release

I grant permission to use pictures and/or video of my son/daughter in Cornerstone promotional material, brochures or on a web page. \_\_\_\_\_

Parent/Guardian Signature

Date