

MEDICAL RELEASE / PERMISSION SLIP

Event Name _____
Date _____ Location _____

YOUTH'S NAME: _____ DATE OF BIRTH: _____

I GIVE PERMISSION FOR MY SON/DAUGHTER TO ATTEND THE YOUTH EVENT WITH THE CHURCH YOUTH GROUP. I UNDERSTAND THAT THE YOUTH WILL TRAVEL BY CHURCH VAN OR PRIVATE VEHICLES OF VOLUNTEERS/CHAPERONES. IN THE EVENT OF AN EMERGENCY, I UNDERSTAND THAT EVERY ATTEMPT WILL BE MADE TO REACH ME. IF I CANNOT BE REACHED, I HEREBY AUTHORIZE THE NECESSARY EMERGENCY MEDICAL TREATMENT OF MY CHILD. I GIVE PERMISSION TO THE STAFF OR VOLUNTEERS/CHAPERONES TO SECURE SERVICES OF A LICENSED PHYSICIAN TO PROVIDE CARE NECESSARY FOR MY CHILD'S WELL BEING. I AGREE THAT CORNERSTONE COMMUNITY CHURCH OF BROOKFIELD, ITS PERSONNEL, VOLUNTEERS/CHAPERONES AND ANY COMPANY OR ORGANIZATION AFFILIATED WITH SAID EVENT SHALL NOT BE LIABLE FOR ANY DAMAGES, EXPENSES OR LIABILITY ARISING FROM ANY ILLNESS OR INJURY SUFFERED BY MY CHILD DURING THIS ACTIVITY/EVENT, INCLUDING BUT NOT LIMITED TO, TRANSPORTATION TO AND FROM THE ACTIVITY/EVENT. I, THE UNDERSIGNED, AGREE TO HOLD HARMLESS THE CHURCH, ITS PERSONNEL, VOLUNTEERS/CHAPERONES, AND ANY COMPANY OR ORGANIZATION AFFILIATED WITH SAID EVENT FROM SUCH COSTS AND EXPENSES. I HEREBY RELEASE AND WAIVE ANY AND ALL CLAIMS AGAINST CORNERSTONE COMMUNITY CHURCH OF BROOKFIELD, ITS STAFF AND VOLUNTEERS/CHAPERONES RELATED TO THIS ACTIVITY/EVENT.

PLEASE DESCRIBE ANY OF YOUR CHILD'S CURRENT MEDICATIONS OR MEDICAL CONDITIONS:

PARENT'S SIGNATURE: _____ DATE: _____

NUMBER TO CALL IN CASE OF EMERGENCY: _____

DOCTOR'S NAME/NUMBER: _____

INSURANCE PROVIDER: _____ POLICY NUMBER: _____

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