

**AWAKEN STUDENT MINISTRIES OF CORNERSTONE CHURCH
YOUTH MINISTRIES MEDICAL RELEASE FORM**

Please complete the following information for youth involved in Awaken Student Ministry activities at Cornerstone Church. This form is for the purpose of use in emergency situations. In case of an emergency, all efforts will be made to immediately contact the student's parents or legal guardians before any treatment is executed. **NOTE: This authorization is valid from October 30, 2009 through November 1, 2009.**

Student's Name _____ Age ___ Sex ___ Grade ___ Birthday _____
Address _____ City _____ State _____ Zip Code _____

If Student has one, cell phone # _____

EMERGENCY INFORMATION:

Guardian Name(s) _____ Home Phone _____

Guardian #1 Cell _____ Guardian #2 Cell _____

Parent Email _____

Emergency Contact _____ Home Phone _____ Cell _____

Known Allergies: _____

Special Medications: _____

Date of last tetanus shot _____ Other restrictions, etc. _____

Physician's Name _____ Office Phone _____

Health Insurance Co. _____

Policy ID# _____ Group # _____

In case of emergency, I understand that Awaken Student Ministries of Cornerstone Church, through the designated person in charge, will first attempt to notify me or the alternate emergency contact listed. In the event we cannot be reached, I hereby grant permission to the physician or hospital selected by Awaken Student Ministries of Cornerstone Church, or the person in charge, to provide medical treatment (examination, diagnosis, xray, treatment, anesthetic, etc.) for my child as deemed necessary and rendered by or under the general or special supervision of any licensed physician or medical staff of a licensed hospital. It is further understood that the undersigned will assume full financial responsibility for all expenses incurred for any of the foregoing services. This authorization is given in advance of any required care to empower the agent to give consent for such treatment as the physician may deem advisable.

Signatures of parents or legal guardians:

_____ Date _____
_____ Date _____

I understand that the adults supervising the Awaken Student Ministries of Cornerstone Church youth events retain the right to send my child home from an event if the youth is guilty of major persistent insubordination with regard to the Refuge rtreat leadership. (Examples include, but are not limited to, drug or alcohol abuse, sexual impropriety, and violence.) I further understand that I will be liable for any transportation expenses incurred in accordance with this policy. Moreover, I understand that I will be notified prior to my child being sent home, and from the moment my child departs from the location of the event, whether in public or private transportation, he or she will be my responsibility.

Parent/Guardian Signature: _____ Date _____