

Medical and Liability Release Form
September 2008 to August 2009

Student's Name _____ Birth Date _____ Age _____
Address _____ City _____ Zip _____
Student's E-Mail _____ Parent's E-Mail _____
Phone _____ Social Security Number _____
Parent's Name _____
In Emergency, notify: _____ Phone _____
Physician _____ Phone _____
City _____ Zip _____

Health History - Allergies and Other Conditions

Insect Allergies Heart Other Allergies
 Frequent Upset Stomach Epilepsy Asthma
 Drug Allergies Diabetes Hay Fever

If you checked any of the above, please give details (i.e., include normal treatment of allergic reaction): _____

Date of last tetanus shot: _____
Name and dosage of any medications that must be taken: _____

Swimming Restrictions: Yes No If "yes," explain: _____

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? Yes No If "yes," name: _____
Policy # _____ Address _____

"In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

Liability Release:

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church, its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parent or guardian understands that they are signing for the minor listed on this form and the signature is for both medical and liability release.

Parent or Guardian's Signature _____ Date _____
(Parent's signature must be notarized.)

Notary _____ Date _____ Seal: _____
State of South Carolina County of: _____
Commissioner's Expiration: ____/____/____

Please complete BOTH sides and return to Cornerstone Church, Attn: Nathan Aylestock, 5637 Bush River Road, Columbia SC 29212

CODE OF CONDUCT CONTRACT

On any trip sponsored by Cornerstone Presbyterian Church, drugs, alcohol, and/or any tobacco products, also weapons of any sort (i.e., knives, guns) will not be permitted. If any students are found in possession or under the influence of any of the above, he/she will be sent home at the expense of the parents - either by the parent coming to pick up the student or expenses for any other transportation.

I, the undersigned, agree to comply with all the rules and policies stated by Cornerstone Presbyterian Church and understand the penalties for any violation committed by the student. As the parent or guardian, I agree that I have all responsibility to pick up my student or pay any transportation in the event that he/she is sent home.

Student's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____

Phone(day) _____

Phone(night) _____