



Cornerstone Church
Student Ministry
Annual Permission Slip
2019-2020

Participant's Name: _____ Age: _____ Date of Birth: _____

Address: _____ Phone: _____

School: _____ Grade: _____

Parent/Guardian: _____

Parent/Guardian Phone: Work _____ Cell _____

This is to certify that _____ [Name of Student(s)] has my permission to attend and participate in Cornerstone Church's Student Ministry functions, activities, games, retreats, camps or events whether on site or off site. Including, but not limited to: *Home Small Groups, Retreats, Game & Movie Nights, Community Outreaches, weekly services, and outings*. I understand that it is not necessary to sign this permission slip for my child to participate in the Youth Ministry. I agree that a copy of this slip is as valid as the original.

LIABILITY RELEASE

In consideration of Cornerstone Church allowing the Participant to participate in Student Ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Cornerstone Church, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in Cornerstone Student Ministries activities. We (I), the parent(s) or legal guardian(s) of this Participant, hereby grant our (my) permission for the Participant to participate fully in Cornerstone Student Ministries activities, including trips, activities, retreats, camps and events away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. Authorization and permission is hereby given to Cornerstone Church to furnish any necessary transportation (within the limitations of church insurance and the law), food, and

lodging for the Participant. The undersigned agree(s) to hold harmless and indemnify Cornerstone Church for any liability sustained by the Church as a result of negligent, willful or intentional acts of Participant, including expenses incurred attendant thereto. I understand that this is an open-ended permission slip and is valid through May 31, 2020.

MEDICAL TREATMENT PERMISSION

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY

Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action, or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION

The undersigned does hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by the Church. My child and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

MEDICAL INFORMATION

Covered by medical insurance: YES: ____ NO: ____ Insurance Company: _____

____ Policy/Group ID #: _____ Allergies or Medical Conditions: _____

Prescriptions or Medicines: _____

_____ If needed, do you authorize giving pain medicine

(e.g. Tylenol or Advil) to your student? YES: ____ NO: ____ EMERGENCY CONTACT INFORMATION

Name of Emergency Contact (if Parent/Guardian cannot be reached):

Name: _____ Relationship to: _____

Participant: _____ Phone Number: _____

PARENT/GUARDIAN SIGNATURES

My signature on this Annual Permission / Consent / Liability Release is an acknowledgement that I have read and understand these guidelines. I recognize that this an annual permission slip, medical release, and liability release to cover from June 1, 2019 – May 31, 2020. I commit to abide by the provisions of this Release Form and submit Cornerstone Church and Cornerstone Student Ministries.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Director of Student Ministries: Daniel Schoof

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