

Medical Release Form

(only fill in if your child doesn't have the form on file or there has been a change in your information.)

Phone: _____ SS# of Participant: ____ - ____ - ____
Participant Name: _____ Age: ____ Date of Birth: ____
Address: _____ City: _____ State: _____ Zip: _____

Medical Profile:

Participant's Overall Health: ____ Excellent ____ Good ____ Fair ____ Poor If fair/poor, please explain: ____

List any health problems you are currently being treated for:

Check the following that cause you problems or have caused you problems in the past.
Allergies:

Previous Illnesses/Operations:

List Medications currently taking:

Childhood Diseases:

Date of Tetanus Immunization: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy _____

Policy Holder's Name: _____ Policy Holder's Number: _____

Policy Holder's Place of Employment and Work

Number _____

Occupation: _____

My permission is granted for a church official of Cornerstone Baptist Church or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Cornerstone Baptist Church, employees, and event sponsors from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in a church event. I agree to indemnify Cornerstone Baptist Church for any and all claims, demands, damages, injuries, costs, suits, or causes of action, past, present, or future arising out of or caused by my child while participating in this church event or while on property of Cornerstone Baptist Church.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian Signature)

Participant's Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Phone: _____

Notary Acknowledgement:

State of Florida County of _____

Personally appeared before me, _____, who is personally known by me/or verified through _____ identification, and who acknowledge that he/she executed the within instrument for the purposes therein contained.

Witness my hand this ____ day of _____, 20 ____.

Notary Signature: _____

My Commission Expires: _____