

Cornerstone Christian Church Medical/Photo Consent Form

To Whom it May Concern,

I, (print your name) _____, give permission for my child(ren), to participate in Cornerstone Christian Church AWANA events from September 4^h, 2013 thru May 7th, 2014, I authorize pastor Jim Rackham, (or his official representatives) in whose care the mentioned minor has been entrusted, to consent to any x-ray exam, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to mentioned minor under general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authority is granted after reasonable effort has been made to reach me by phone at the number(s) listed below. I do hereby declare that I will not hold Cornerstone Christian Church, AWANA Clubs International, or their staff, administration, workers, or sponsors liable for any injury to or loss of possessions of the said minor during any club activity on church property or away including regular meetings as well as special events. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical or dental services.

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

The under signed does also give permission for our (my)child(ren) to ride in any vehicle designated by the adult whose care the minor has been entrusted while attending and participating in activities sponsored by Cornerstone Christian Church.

I understand that for promotional purposes, Cornerstone Christian Church reserves the right to use any photography or videos taken at AWANA events for use only in church or AWANA publications or events.

Name of Child(ren)	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cornerstone Christian Church
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Medical Information Questionnaire

Do you have any medical insurance? Y/N

Insurance company name: _____

Company's mailing address: _____

Company's phone #: _____

Physicians name: _____

Physicians phone #: _____

Dental insurance company name: _____

Company's mailing address: _____

Company's phone #: _____

List all known allergies or special medical needs your child(ren) may have:

List all medications your child(ren) is currently taking. Also include the reason for taking medication. (This is just so we know how best to care for your child(ren)) _____

Print name of parent or legal guardian: _____

Signature of parent or legal guardian : _____

Date this form was signed: _____