

# The Cornerstone Kids/Youth Department Release/Disclaimer of Liability:

My child (*print Childs Name*) \_\_\_\_\_, in consideration of the benefits derived from participation in any event (the "event") administratively organized by The Cornerstone Church Anaheim East Foursquare I/we hereby voluntarily release, acquit and forever discharge The Cornerstone Church Anaheim East Foursquare and its officers, employees and agents, from any and all manner of suits, actions, claims, demands, and liabilities which may arise from my and/or my child's participation in the event and/or activities. Activities include, but are not limited to travel by automobile, van or bus.

I understand that this document constitutes a full and complete waiver and release of all possible claims, suits, actions and liability, including but not limited to, claims for damage to myself and/or my child, as well as claims for damage or loss to my property arising from the negligence of The Cornerstone Church Anaheim East Foursquare or the negligence of any officers, directors, employees or agents of The Cornerstone Church Anaheim East Foursquare

This Release/Disclaimer of Liability shall continue in full force and effect until the month of April 2010 through the month of March 2011. I further understand that this Release/Disclaimer shall apply to all events sponsored or organized by The Cornerstone Church Anaheim East Foursquare and not just the event specifically described herein above or on the back side of the document.

## Consent For Medical Release:

(I) (We) , the undersigned, parent(s) of \_\_\_\_\_ (*Print child's name*) a minor, do hereby authorize the person presenting the form to call a physician and do consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable for (my) and/or (our) child.

***This authorization is given pursuant to the provisions of section 6910 of the Family code of California, which provides: " The parent or guardian of a minor, may authorize in writing an adult of whose care a minor has been entrusted to consent to medical care or dental care or both, for the minor."***

\_\_\_\_\_  
PARENT/LEGAL GUARDIANS SIGNATURE

\_\_\_\_\_  
DATE

**← MEDICAL INFORMATION ON BACK →**

# MEDICAL CONSENT FORM *(Please Complete)*

Required by California State Law for Participants under 18 yrs of age (Child's Birth date)\_\_\_\_/\_\_\_\_/\_\_\_\_

I give my permission for (child's name), \_\_\_\_\_ to take part in **any/all events for one year** - April 1, 2010 through March 31, 2011 for the Cornerstone Church Anaheim East Foursquare.

## EMERGENCY INFORMATION & HEALTH INFORMATION: (IF NONE WRITE NONE, PLEASE DO NOT LEAVE BLANK)

Insurance Carrier \_\_\_\_\_

Policy/Group # \_\_\_\_\_ OR Medical ID # \_\_\_\_\_

CHILD'S NAME	M / F	AGE	GRADE IN FALL
ADDRESS	CITY	STATE	ZIP
PHONE			
MOTHER'S NAME	Father's name		
Mother's Cell ( ) -	Father's Cell ( ) -		
Mother's work ( ) -	Father's Work ( ) -		
ALTERNATE CONTACT	RELATION TO CHILD	PHONE	
DOCTOR'S NAME	PHONE		
DENTIST'S NAME	PHONE		

### Allergies

- ( ) Drug Allergies \_\_\_\_\_
- ( ) Asthma
- ( ) Hay Fever
- ( ) Insect Stings
- ( ) Other \_\_\_\_\_
- ( ) Food Allergies (please list) \_\_\_\_\_

### Major Problems

- ( ) Diabetes
- ( ) Cardiac
- ( ) Chronic Asthma
- ( ) Nervous Disorder
- ( ) Epilepsy
- ( ) Physical Handicap
- ( ) Emotional Handicap
- ( ) Seizure Disorder
- ( ) Other

Is an epi pen carried by your child? Y or N

**Date of last Tetanus Shot** \_\_\_\_\_ **Current? Yes ( ) No ( )**

If you have checked any of the above please give details. (use separate sheet if necessary)

Child's Activity Restriction(s) \_\_\_\_\_

**Important: Please notify The Cornerstone Church Anaheim East Foursquare immediately if your child has been exposed to a communicable disease during the three weeks prior to event attendance.**

*This health information is correct, as I know, and the child or person herein described has permission to engage in any and all activities. I hereby give my permission to the physician selected by The Cornerstone Church Anaheim East Foursquare to hospitalize, secure proper treatment, including but not limited to administering injections, anesthesia or surgery for my child or myself as deemed necessary. I also authorize the nurse on duty to administer medical aid as required for illness or injury under a physicians orders.*

\_\_\_\_\_ Date \_\_\_\_\_

**Print** Name of Parent/Legal Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian