



# Integrity

## Christian School

### The Cornerstone/Integrity Christian School Release/Disclaimer of Liability:

My child (*print child's Name*) \_\_\_\_\_, in consideration of the benefits derived from participation in any event (the "event") administratively organized by *Anaheim East Foursquare Church/Integrity Christian School*. I/we hereby voluntarily release, acquit and forever discharge *Anaheim East Foursquare Church/Integrity Christian School* 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.

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 *Anaheim East Foursquare/Integrity Christian School*, or the negligence of any officers, directors, employees or agents of *Anaheim East Foursquare Church/Integrity Christian School*.

This Release/Disclaimer of Liability shall continue in full force and effect from the month of August 15, 2009 through the month of August 15, 2010. I further understand that this Release/Disclaimer shall apply to all events sponsored or organized by *Anaheim East Foursquare Church/Integrity Christian School* 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

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

\_\_\_\_\_  
DATE

**PLEASE FILL OUT BACK SIDE OF THIS FORM**

CONSENT FORM 09/10

# 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** - August 15, 2009 through August 15, 2010 for The Cornerstone Church (Anaheim East Foursquare Church/Integrity Christian School).

## EMERGENCY INFORMATION

### HEALTH INFORMATION:

CHILD'S NAME	M / F	AGE	GRADE IN FALL
ADDRESS	CITY	STATE	ZIP
PHONE			
PARENT'S NAME(S)			
ADDRESS	CITY	ST.	ZIP
PHONE ( ) -	WK PHONE ( ) -	CELL ( ) -	
ALTERNATE CONTACT	RELATION TO CHILD	PHONE ( ) -	
DOCTOR'S NAME	PHONE		
ADDRESS	CITY	ST	ZIP
DENTIST'S NAME	PHONE		
ADDRESS	CITY	ST	ZIP

Insurance Carrier \_\_\_\_\_ Policy/Group # \_\_\_\_\_

### Allergies

- Drug Allergies
- Asthma
- Hay Fever
- Insect Stings
- Other

### Major Problems

- Diabetes
- Cardiac
- Chronic Asthma
- Nervous Disorder
- Epilepsy

- Physical Handicap
- Emotional Handicap
- Seizure Disorder
- Other

***Date of last Tetanus Shot*** \_\_\_\_\_

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 Church/Integrity Christian School) 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 Church/Integrity Christian School) 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