

# 2010 MEDICAL RELEASE

THIS FORM SERVES AS A MEDICAL RELEASE FOR ALL CORNERSTONE SPONSORED OUTINGS FOR 2010

If emergency service involving medical action or treatment is required and neither parents nor family physician can be contacted for consent, the parents hereby consent to the rendering of such emergency medical opinion of the doctor rendering such service for:

Student or Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN \_\_\_\_\_

Parent's Phone Number: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Problems or Allergies: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

## Insurance Coverage

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Group Name \_\_\_\_\_ Group Number \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Policy Number/Subscriber ID \_\_\_\_\_

## In Case of Emergency Notify

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



CORNERSTONE CHURCH

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