

2012 MEDICAL RELEASE

THIS FORM SERVES AS A MEDICAL RELEASE FOR ALL CORNERSTONE SPONSORED OUTINGS FOR 2012

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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