

2023 MEDICAL RELEASE

THIS FORM SERVES AS A MEDICAL RELEASE FOR ALL CORNERSTONE NASHVILLE SPONSORED OUTINGS FOR 2023

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 treatment at the opinion of the doctor rendering such service for:

Student's or Child's Name: _____

Gender: _____ Grade: _____ Age: _____ Birthdate: _____ SSN: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Phone Number: (Day) _____ (Evening) _____

Family Physician: _____ Phone: _____

Medical Problems or Allergies: _____

Parent's/Guardian's Signature: _____ Date: _____

Insurance Coverage

Insurance Company _____ Phone Number _____

Group Name (if applicable) _____ Group Number _____

Subscriber Name (if applicable) _____ Policy Number/Subscriber ID _____

In Case of Emergency, Notify (list someone other than the parent/guardian):

Name: _____ Phone: _____

Address: _____



726 W. Old Hickory Blvd., Madison, TN 37115
615.865.6655 - CornerstoneNashville.org