

# 2024 MEDICAL RELEASE

THIS FORM SERVES AS A MEDICAL RELEASE FOR ALL CORNERSTONE  
NASHVILLE SPONSORED OUTINGS FOR **2024**

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