

Cornerstone Fellowship Student Ministry Youth/Parent Permission Formⁱ

Youth Name: _____ M____ F____

Address (Street/PO, City, Zip): _____ Phone: (h) _____

Age: _____ Date of Birth: _____ School Grade: _____

School Attending: _____ Cell: _____

We focus solely on Jesus when we gather together to worship Him. In order to do that unhindered, we must remove sin and distraction from our lives.

Guidelines

1. Maintain a Christian attitude and behavior (Philippians 2)
2. Be respectful and obedient to leadership (Hebrews 13:17-18)
3. Be slow to anger (James 1:19-21)
4. Walk in purity (Romans 13:11-14)
5. Treat persons of opposite sex with purity (1 Timothy 5:1-2)
6. Act responsibly and refrain from damaging property

Youth read and complete:

I understand that all the guidelines shall be followed. If guidelines are violated, I understand I will be spoken to. If extreme discipline is necessary, I understand my parents/guardians will be called to pick me up from the activity.

I have read all the guidelines and agree to follow them.

Youth's Signature: _____ Date: _____

Parent/Guardian read and complete:

I have read all the guidelines. I give permission for the youth named above to participate in the church's youth activities. If a medical emergency should arise and I cannot be contacted, I hereby give permission to the person in authority to select a physician and/or hospital for my youth's care.

May we have permission to use pictures or videos containing images of your student for church-related publications and on the church website?

Yes No

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

Phone # : _____ (home) _____ (cellular)

Parent's Email Address: _____

Medical Information:

Doctor's Name: _____ Phone # _____

**If any of this information changes, please contact the Church Office to fill out a new form.
All forms will be on file in the Church Office.
COMPLETE REVERSE SIDE ALSO.**

MEDICAL RELEASE FORM

MEDICAL HISTORY:

Allergic Reactions to: aspirin penicillin insect bites food none

Specify Allergies (especially food allergies) _____

Other (explain) _____

Operations or serious injuries we should be aware of _____

Date of last tetanus toxoid immunization: Month ____/Year ____

Do you have: Sinus Trouble Heart Trouble Asthma

Hay Fever - Epilepsy Diabetes

Do you have any physical limitations? Yes No .

If Yes, explain further: _____

AUTHORIZATION AND PERMISSION FORM:

I hereby authorize medical assistance and/or surgical treatment in the event of an emergency for above-named participant by physician chosen by the director of the event. (Director of event will make every effort to contact you if any emergency occurs.)

Yes No

If no, list alternative: _____

I give permission for the person listed above to go swimming: Yes No

I will NOT hold Cornerstone Fellowship responsible for accidents, which may occur (Adequate supervision will be provided at all times.)

Insurance Company: _____ Policy No. _____

Person to call in case of emergency _____ Phone No. _____

Other means of communication (cell, pager, etc.) _____

If I canNOT be reached, please notify alternate contact person in case of emergency.

Name (PRINT): _____

Phone: (Home) _____ (Work) _____ (Cell) _____ (Pager) _____

Parent or Guardian:

Date: _____ Signature: _____

Parent or Guardian (print) _____

ⁱ Revised 12/14/15