

Parental Consent and Medical Release Form

To Whom It May Concern: Date: August 2017 – August 2018

The undersigned does hereby give permission for our (my) son(s)/daughter(s), _____
to attend and participate in **ALL AWANA, youth, and church activities of Cornerstone Baptist Church,
Lakeland, FL**

I also give permission to our (my) son/daughter to participate in any activities off the church grounds. The undersigned does also hereby give permission for our (my) son/ daughter to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the church.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the provisions of the Medical Practice Act on the medical staff of a licensed hospital and/or emergency care facility, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. We (I) do herewith authorize the treatment by this authority and is granted only after reasonable effort has been made to reach us/we the parent(s) and/or guardian(s).

We (I) the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. My signature serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the named participant.

My signature also serves to indicate my willingness for my Health Insurance Company: _____
Policy number _____, Group number _____, to be billed for any and all medical fees and services should they be needed. I (we) hereby release Cornerstone Baptist Church of Lakeland from this liability.

The undersigned does hereby release and agree to hold harmless Cornerstone Baptist Church of Lakeland and/or their directors, employees, agents, or representatives from any and all liabilities or claims for personal injury, illness, or death, as well as property damages and expenses of any nature whatsoever which may be incurred by our (my) son/daughter that occur within the effective dates stated above and/or while said child is participating in the above named program and its activities.

I understand that if the church provides transportation for my children that they may be riding in 12 or 15 passenger vans.

Parents or Guardian signature Printed name of parent or guardian

Family Doctor _____ Phone (____) - _____ - _____

List any specific medical and food allergies, chronic illness, or other conditions: _____

Date of last tetanus shot _____ Under medication? _____ If yes, explain

Name of Minor (s) _____ Birthdate ____/____/____

Home Ph. _____ Cell Phone (s) _____

Emergency contact and phone _____

Address _____

Email _____

(Complete Backside also)



CORNERSTONE BAPTIST CHURCH

Authorization to Publish Photos

Please state your opinion as to whether your students' photos can or cannot be published on the website of the church or a church Facebook page. These photos may be from any church activities, AWANA, or Sunday School and church services.

The photos are placed only by those authorized by the church. The photos are checked thoroughly before being published.

The church will not be responsible for any person(s) or objects(s) that may appear in the background of any of these photos. Yet, our goal will be to publish nothing that may dishonor the Lord Jesus Christ and his church.

Any parent/guardian who chooses not to give consent, that students name will be noted so that they are not added to any of these locations.

The church website is used for church information, entertainment and furthering the mission of our LORD JESUS CHRIST. The website and facebook pages allows those interested in our ministry to learn more about us and allow those here to see what has been going on.

I have read this Authorization to Publish Photos. I understand that the publication of my students photo could be viewed by anyone who visits the churches website or facebook page(s). I understand by giving my consent to have my students photo published on the website, I am agreeing to information on this form.

Approve of Website

Disapprove of website

Approve of Facebook

Disapprove of Facebook

Date: _____

Name of Student(s) (Please Print)

Parent/Guardian signature

(Complete other side also)