

Please print clearly.



ANNUAL PARENT/GUARDIAN RELEASE AND MEDICAL AUTHORIZATION FORM

1000 N. Studebaker Road, Long Beach, CA 90815

Phone: 562.296.6490 Website: www.cclb.org

Child's Name: _____ Date of Birth: _____
(last) (first)

Address: _____
(street) (city) (zip code)

Phone Numbers: Home: _____ Mother's Work/Cell: _____ Father's Work/Cell: _____

Email Address: Parent's: _____ Student's: _____

Current Grade Level: _____ Year of High School Graduation: _____

Authorization to consent to medical treatment of minor:

I/We the undersigned parent(s)/guardian(s) of _____ (child's name), a minor, do hereby authorize Cornerstone Church Children/Youth Ministry leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician and/or surgeon licensed under the provision of the Medical Practice Act, or a dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. It is further understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable Cornerstone Church, its leaders, employees, or representatives, for medical aid rendered and will reimburse Cornerstone Church for any medical or other expenses incurred in the care of my child. This authorization is given pursuant to Section 6910 of the California Family Code. This authorization shall remain effective through the above-named minor's graduation from high school, unless sooner revoked in writing delivered to said agent(s).

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both. Fam. Code § 6552.

Date: _____ Father's Name: _____ Signed: _____

Date: _____ Mother's Name: _____ Signed: _____

Alternate Emergency Contact: _____ Phone: _____ Relationship to Student: _____

Family Doctor: _____ Phone: _____

Insurance Company: _____ If none, please check:

Insurance Policy #: _____ Group #: _____

Known Medical Conditions: _____

Medication(s): _____

Allergies: _____

Last Tetanus Immunization: _____ Contact Lenses: _____

Will you allow blood transfusions? Yes No First Time Form Completed? Yes No

Assumption of Risks, Release, Indemnification and Covenant Not to Sue Cornerstone Church ("Cornerstone"):

I/We recognize that there are certain inherent risks associated with the various activities that my/our child may engage in. I/We, hereby voluntarily release, discharge, indemnify, hold free and harmless, assume liability for and promise to defend Cornerstone, its agents, servants, employees, officers, directors, lessors, and insurers (hereinafter collectively referred to as "parties released"), from any and all liabilities, claims, demands, causes of action, and costs and expenses (including but not limited to attorney's fees, reasonable investigative and discovery costs, court costs and all other sums which Cornerstone may be forced to incur) arising or alleged to have arisen out of my/our child's presence upon and use of real property or use of personal property belonging to Cornerstone, its agents, servants, employees, officers and directors, or by action or omission of my/our child, even if such damage or personal injury results from the negligence of Cornerstone or other parties released. This release is intended to be as broad and inclusive as is permitted by California law and shall be construed and interpreted in accordance with California law. Furthermore, I/we further COVENANT NOT TO SUE or make any demand or claim against Cornerstone or other parties released, for or by reason of any such damage or personal injury from my/our child's activities at Cornerstone, or anywhere, at any time.

Date: _____ Father's Name: _____ Signed: _____

Date: _____ Mother's Name: _____ Signed: _____