



Student Ministries Yearly  
Permission Slip

Date(s) this Permission Slip is valid: September 2010 to August 2011

STUDENT: \_\_\_\_\_  
(Last Name) (First Name) (Birth Date)  
\_\_\_\_\_  
(Home Address) (City) (State) ( Zip)  
\_\_\_\_\_  
(Email Address) (Phone Number)  
\_\_\_\_\_  
(School) (Year of High School Graduation)

The above student has my permission, as parent (or guardian), to attend functions with Cornerstone during the above dates.  
I agree that Cornerstone and/or its leaders are not liable for any accident or incident related to either the planned event or transportation to or from that event. Nor are they liable for any injuries sustained or any lost, stolen or damaged articles.  
I also agree that my child will be responsible to Cornerstone and its leaders for all of his/her actions on this event.  
I authorize Cornerstone and any adult leader to obtain the services of a physician and/or hospital for the care of my child, if necessary, including emergency medical care, emergency x-rays, and/or emergency surgery.  
Should the need arise, I also authorize Cornerstone and its leaders to incur any necessary expenses for such services in the event of accident or illness, and I agree to provide payment for these expenses.

Current medical and behavioral conditions, medications or allergies:

Date of last tetanus shot:

This child is covered for accident and medical insurance benefits by:

\_\_\_\_\_  
(Insurance Company)  
\_\_\_\_\_  
(Policy & Group Numbers)  
\_\_\_\_\_  
(Physician)  
\_\_\_\_\_  
(Physician's Phone Number)

Parent/Guardian's name (please print) \_\_\_\_\_ Phone number(s) \_\_\_\_\_

Place where Parent/Guardian can be reached during the trip (if different from above): \_\_\_\_\_

Other person to notify in case of emergency (Name): \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

I have read the entire form, agree with all provisions included, and have provided all information requested. I hereby release Cornerstone and its leaders from all liability and authorize any medical treatment deemed necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_  
This permission form and medical release must be completed, signed and dated in order for the student to be allowed to attend.

Cornerstone is requesting parents to fill out the above permission request form to keep on file at the church office for the time period of September 2010 through August 2011. It's our hope this will serve as a time saver for you with all the Student Ministry events schedule for the school year. **Thank you!**



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