

2023 MEDICAL RELEASE FORM

Cornerstone Church of Skippack

1326 Stump Hall Rd.
Skippack, PA 19438
www.skippackchurch.com

I understand that in the event of an emergency due to sickness or accident while involved with the activity of Cornerstone Church of Skippack, Skippack, PA, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached, I hereby give my permission to the physician selected by the person in charge to secure any necessary medical and/or surgical treatment for my child. I also understand my signature below indicates that this form is valid for any and all activities my child is involved in with Cornerstone Church of Skippack during the year 2023 and that if any of the information I have provided changes I will contact the church with this information.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed and that I will be responsible for all remaining copays and/or percentages not covered by my insurance.

I understand all reasonable safety precautions will be taken at all times by Cornerstone Church of Skippack and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Cornerstone Church of Skippack, its pastors, leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.

Name of Child _____, _____, _____
(Last) (First) (MI)
Gender _____ Height _____ Weight _____ Phone # _____
Address _____ City _____ State _____ Zip _____

Parent or Guardian _____ Phone _____
(Home) (Cell)
Address (if different) _____ City _____ State _____ Zip _____

ALTERNATE CONTACT

Name _____ Relationship _____ Phone _____
(Home) (Cell)

PHYSICIAN / INSURANCE INFORMATION

Family Physician _____ Office # _____ City _____
Insurance Company _____ Policy # _____ Group # _____
In whose name is the insurance? _____

MEDICAL HISTORY

Pre-existing / present medical conditions or anything else we might need to know about: _____

Name and dosage of any medications that must be taken: _____

Please list **ALL ALLERGIES** – including medication, food, insects, & natural elements: _____

Date of last tetanus shot or booster: _____

Signature of Parent/Guardian _____ **Date** _____
(Updated Nov 8, 2022)