

**CORNERSTONE FAMILY SCHOOLS MEDICAL  
RELEASE FORM**

Student's Name:

Grade: \_\_\_\_ Birthdate \_\_\_\_ Sport \_\_\_\_\_

I certify that my child; named above,, is physically capable and able to fulfill requirements needed to participate in the above named sport. By signing this form, I release all obligations for the medical treatment of my son/daughter in the event of illness or injury during any sport related activity when the parent cannot be reached. If there is any physical or medical reason why he/she should not participate fully, Cornerstone Family Schools requires a doctor's release. Furthermore, Cornerstone Family Schools is not liable for any injury incurred during the sport season.

**MEDICAL TREATMENT PERMISSION FORM**

In, the event of an emergency occurring involving my son/daughter while at a Cornerstone Family Schools sponsored activity. I grant permission to the coaches to take whatever action necessary to ensure, that my son/daughter receives proper medical attention.

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: --- Zip: -----

Person to be notified, other than parent or guardian in an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company:

Policy#

please list any medical conditions that we need to be aware of:

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Please list any medications that your child is currently taking and any known allergies.

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Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_