

Grade: \_\_\_\_\_

*Please Print Neatly*

## Student Ministries Cornerstone EPC

9455 Hilton, Brighton, Michigan 48114 810-494-4032

**Valid September 2009 through August 2010**

### **PARENT OR GUARDIAN:**

I give my permission for my son/daughter (full legal name) \_\_\_\_\_, to participate in the activities of Cornerstone Student Ministries during the calendar year of **September 2009 through August 2010**.

Should an emergency arise, the leaders and supervisors of the event(s) have my permission to seek and obtain any necessary medical care for my son/daughter.

I agree to hold harmless and indemnify Cornerstone Evangelical Presbyterian Church, its employees, and volunteers against any claim or action that might arise on behalf of myself or my son/daughter other than for the willful, wanton or reckless misconduct of Cornerstone Evangelical Presbyterian Church, its employees or volunteers.

I understand and my student understands that I may be notified and my child may be sent home at my expense before an event is over in the event of misbehavior on the part of my student. \_\_\_\_\_(initial)

\_\_\_\_\_  
Parent /Guardian (Signature) / **MUST BE NOTARIZED** Date

\_\_\_\_\_  
Parent Full Legal Name (Printed)

Telephone: \_\_\_\_\_ Alternate/Cell Telephone \_\_\_\_\_

Alternate Contact / In Case of Emergency Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City Zip

Allergies: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, Livingston County, Michigan  
My Commission Expires \_\_\_\_\_

### **MEDICATION WAIVER**

I have read and understand the CSM meds policy and have a completed authorization form on file giving permission to leaders to administer prescribed and OTC medications as outlined in that policy and I hereby GRANT \_\_\_\_\_ DO NOT GRANT \_\_\_\_\_ permission for medications to be administered to my child.

### **PHOTOGRAPHY WAIVER**

I understand that photography and videography of students attending activities and events may be used and displayed for promotional purposes. *(Please initial one)*

I hereby GRANT \_\_\_\_\_ DO NOT GRANT \_\_\_\_\_ to Cornerstone EPC the right to use photographs and videography of my child.

**In order to have permission slip notarized, you must sign this form in the presence of notary and provide your driver's license for verification of identification.**