

**CORNERSTONE FAMILY SCHOOL SAINTS  
MEDICAL RELEASE FORM**

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sport(s):  Soccer  Volleyball  Basketball  Track  
(mm/dd/yy)  Cross Country

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 either parent cannot be reached. If there is any physical or medical reason why he/she should not participate fully, Cornerstone Family School requires a doctor's release. Furthermore, Cornerstone Family School is not liable for any injury incurred during the sport season.

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**MEDICAL TREATMENT PERMISSION FORM**

In the event of an emergency occurring involving my son/daughter while at a Cornerstone Family School sponsored activity, I grant permission to the coaches to take whatever action necessary to ensure 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: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

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