



Cordova Community Church
2964 Ole Bartlett Court STE 5 901-881-6169
Medical Permission and Release Form for All Events

Please take a moment and complete all information correctly, i.e. check spelling of names, area codes for telephone numbers, addresses, etc.

Student's Name _____ Date Completed _____

Address _____ Phone _____

Age ____ Birth Date __/__/__ Grade Completed _____ Sex (circle) Male Female

Father _____ Work Phone _____ Cell Phone _____

Mother _____ Work Phone _____ Cell Phone _____

Guardian _____ Work Phone _____ Cell Phone _____

In the case of an emergency and a parent cannot be reached, please contact:

Name _____ Phone _____ Relation _____

Required Emergency Medical Information:

Family Physician _____ Office Phone _____

Family Dentist _____ Office Phone _____

Hospital Insurance [] Yes [] No Policy Number _____

Primary Insured _____ Name of Insurance Company _____

Insurance Company Telephone Numbers _____

****Please attach a photocopy of the front and back of your insurance card to this form.**

List Date of Last Immunization: DPT _____ MMR _____ Tetanus Only _____ Polio _____

Check if Child has had: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Daily Medication Requirements:

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Allergies: _____

Other Important Medical Information:



I (we) hereby DO _____ or DO NOT _____ consent to the use of blood and/or blood products under the care of a licensed physician in the case of emergency.

Cordova Community Church, together with their respective officers, employees and agents) and each volunteer assisting them are collectively designated by the abbreviation “CCC” throughout this entire form and the term “CCC” shall refer to them individually as well as collectively.

I (we) hereby authorize CCC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached after reasonable attempt to do so. I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by CCC and/or Student Ministries. I (we) hereby authorize CCC to transport my (our) child to or from church and/or any other church related and sponsored activities and events. I (we) authorize CCC to include my (our) child in routinely supervised water activities. I (we) hereby authorize CCC to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to my (our) child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital. I (we) hereby do authorize CCC to dispense to my (our) child any over-the-counter medications (according to proper dosage instructions) when reasonably deemed necessary. I (we) do hereby authorize any physician, dentist, hospital or medical treatment center to treat my (our) child in the case of emergency in which the before named physician or dentist cannot respond. The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume and be responsible for the payment of all transportation costs. I (we) hereby release, forever discharge and agree to defend and hold harmless CCC from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child/participant that occur while said child is participating in any trip or activity with CCC. I (we) (and on behalf of my (our) child/) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. Further authorization and permission is hereby given to CCC to furnish any necessary transportation, food, and lodging for my (our) child. The undersigned further hereby agrees to hold harmless and indemnify CCC from and against any claim against or loss incurred by CCC as the result of the negligent, willful or intentional acts of my (our) child, including any expense incurred attendant thereto. The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by CCC at its office at 2964 Ole Bartlett Court, Bartlett, TN 38134. I (we) acknowledge and agree that it is my (our) responsibility to notify Cordova Community Church of any changes in medical condition, guardianship, address or telephone, in writing to the address listed at the beginning of this form.

Legal Guardian (print name)

Legal Guardian (print name)

Legal Guardian (signature)

(date)

Legal Guardian (signature)

(date)

Notary Public Information

State of Tennessee
County of Shelby

Before me, a Notary Public in and for the State and County aforesaid, personally appeared _____ (Mother), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), this _____ day of _____, 20_____

Before me, a Notary Public in and for the State and County aforesaid, personally appeared _____ (Father), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), this _____ day of _____, 20_____

Notary Signature _____ My Commission Expires: _____