

RELEASE FORM
Cumberland Student Ministries

I, _____, hereby release my student to participate in all activities under the supervision of the staff and/or volunteers of Cumberland Church. I understand that all safety precautions will be observed, but the church and adult chaperones, on any phase of the trip or activity, will not be responsible for any accident. I authorize staff and/or volunteers of Cumberland Church to make emergency medical decisions in the event that I cannot be reached.

Does your student have any medical conditions or allergies that may be relevant to a physician in the event of an emergency? (asthma, heart conditions, etc.)

Y _____ N _____ If so, please explain:

I give permission for you to give the following to my child, if requested: (please check)

_____ TYLENOL

_____ BENADRYL (antihistamine) for bee stings and/or insect bites

****Please attach a copy of the front and back of your insurance card.**

(Please turn over & fill out other side)

Insurance Information:

Date of last tetanus shot: _____

Insurance company and policy number: _____

Parents/Guardian: _____

Address: _____

Home phone: _____

Work Phones: (Father) _____ (Mother) _____

Cell phone #'s: _____

Emergency contact if parents cannot be reached:

****This form must be notarized to receive treatment (we have a notary available).**

I hereby give permission to the hospital staff in charge to administer emergency care to my student as they deem necessary.

This form is valid until revoked by the Parent/Guardian who signed it.

You are required to inform Cumberland Church immediately of any change in the information presented on this form.

Parent's Signature: _____ Date _____

State of Tennessee

Subscribed and sworn to before me this the
_____ day of _____, 2012

Williamson County

Notary Public