



## CORNERSTONE CHRISTIAN SCHOOL

34570 Monte Vista Dr.  
Wildomar, CA 92595  
951-674-9381 x 2081

### TRAVEL PERMISSION AND MEDICAL RELEASE

The undersigned does hereby consent to (child's name) \_\_\_\_\_ in grade \_\_\_\_\_ taking part in activities, with full understanding that insofar as such activities might involve sporting events, traveling and mingling with other individuals and groups, that there is always a risk of injury, illness and loss, and possible consequent expense for medical diagnostic and curative treatments and incidental loss and expense; and, in these premises the undersigned does hereby for himself/herself and for and on behalf of such minor assume the risk of such loss and expense, and does hereby wholly release Cornerstone Christian School from any responsibility or liability and waives any claims, causes or action against it or its agents that might arise on account of loss, injury, or expense occasioned by any sort of accident or other circumstance involving such child, and agrees to hold harmless Cornerstone Christian School, in event that any claim should arise and the undersigned agrees to abide by rules and regulations, supervision and discipline set by Cornerstone Christian School and its agents; and does hereby authorize Cornerstone Christian School and its staff member, or other agents to arrange for and consent to X-ray examinations, anesthetic, dental, medical or surgical diagnosis and treatment, and hold harmless Cornerstone Christian School from any cause of action arising from the consent. The undersigned will furnish payment or insurance of any such expense.

Parent's Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Father's Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Mother's Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Doctor's Name (please print): \_\_\_\_\_

Doctor's Phone: (\_\_\_\_\_) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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