

**GLOBAL IMPACT
IGNITED STUDENT MINISTRIES
CORNERSTONE CHURCH
2007/2008**

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT OF A MINOR

Purpose: To enable parents and guardians to authorize emergency medical treatment of minors (children and youth under age 18) who become ill or injured while participating in a church-sponsored activity, when they cannot be reached. This form also serves as a consent form releasing Global Impact and/or Ignited Student Ministries and/or Cornerstone Church and its employees and/or volunteers from any legal or financial liability in the event this participant is injured.

I. Medical Information (Please Type or Print Legibly)

a. Full Legal Name of Minor _____

Date of Birth _____ Age: _____ Gender: _____

b. Name of Parent/Guardian _____

Address _____

Telephone Number: Day (____) _____ Evening (____) _____

c. Minor's Physician _____

Address _____

Telephone Number: Office (____) _____ Emergency (____) _____

d. Health Insurance Company Name _____

Policy Number _____ Telephone (____) _____

(Please supply a copy of the medical insurance card, both front and back)

e. Minor's Allergies (Other) _____

If applicable, please note the conditions for which the child is currently receiving treatment:

f. Is your child currently taking any medications? ___ Yes ___ No

If yes, please describe: _____

g. Is your child allergic to any medications? ___ Yes ___ No

If yes, please list medications: _____

h. Date of last tetanus shot: _____

i. Has basic childhood series of shots been given? ___ Yes ___ No

(Please supply a copy of his/her immunization record)

j. Minor's Special Health Needs _____

Note any other significant medical information: _____

II. Emergency Medical Authorization and Consent of Parents or Legal Guardians

We, the undersigned parents or legal guardians of _____,
do hereby authorize Global Impact, Ignited Student Ministries and/or Cornerstone Church and its agents, representatives or leaders to consent, on our behalf, to any medical/hospital care and/or treatment (including locations outside of the United States) to be rendered to him or her upon the advice of any licensed physician. We agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

III. Disclaimer of Liability

We hereby release Global Impact, Ignited Student Ministries Group and Cornerstone Church, and their appointed agents, from any liability as a result of an accident, sickness or death that our child may incur while participating in this activity.

This authorization is effective commencing on the 1st day of January, 2008 and expiring on the 31st day of December, 2008.

THIS MUST BE SIGNED BEFORE A NOTARY PUBLIC - PLEASE DO NOT SIGN BELOW UNTIL NOTARY PUBLIC IS PRESENT

(Signature of Parent or Guardian) Date _____, 2008.

(Signature of Parent or Guardian) Date _____, 2008.

Certificate of Acknowledgment of Notary Public

State of _____

County of _____

On this _____ day of _____, 200____, before me personally appeared _____ to me known to be the same person(s) described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

[Notary Seal, if any]:

Signature of Notary

_____ County, State of _____

My Commission expires: _____

Acting in _____ County