

## Rock the Universe Permission Form

I \_\_\_\_\_, the parent of \_\_\_\_\_ (“my child”), give permission for my child to attend the **Cornerstone Miami Rock the Universe Weekend Retreat**.

I understand that personal injury can and may occur to my child, and I hereby authorize **Michael Gault, Youth Pastor**, or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release **Cornerstone Miami Church**, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

The following is all of the insurance information, restrictions, allergy and medication information necessary for my child to receive appropriate medical care.

Insurance Provider: \_\_\_\_\_

Insurance Membership Number: \_\_\_\_\_ Insurance Group ID: \_\_\_\_\_

Allergies (food and/or medication): \_\_\_\_\_

Medications: \_\_\_\_\_

Medication Dosage and Frequency: \_\_\_\_\_

If student has medication, please check one of the following:

\_\_\_\_\_ My student needs a supervising adult to handle and administer the medication in the appropriate dose and frequency.

\_\_\_\_\_ My student will be responsible for handling and taking his/her medication at the appropriate dose and frequency.

I give permission for my child to ride in any vehicle designated by **Cornerstone Miami Church**, its employees and adult volunteers, while participating in and traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of **Cornerstone Miami Church**, properties visited on outing, other’s personal property, or vehicles used for transportation.

I agree and consent to all of the above stated.

\_\_\_\_\_ (Parent Signature)

\_\_\_\_\_ (Date)