



CORNERSTONE CHURCH

PARENTAL CONSENT FORM

I, the undersigned parent or guardian, hereby consents to my child, _____, to participate in the **KBK Summer JAM '09** program of **Cornerstone Church**. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed on this card. If I cannot be reached, I hereby authorize the Children's Pastor or a Summer JAM adult leader to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

Parent/Guardian Signature

Date

Emergency Contact and Phone Number

Physician Name and Phone Number

Medical conditions my child has:

Activities I do not want my child to be involved in:

KBK SUMMER JAM '09

**A 5-WEEK WEDNESDAY NIGHT VACATION
BIBLE SCHOOL PROGRAM, BEGINNING
JUNE 10TH AND ENDING JULY 8TH!**

**(WRITE EACH CHILD'S NAME,
2008/09 SCHOOL GRADE, BIRTHDAY)**

NAME: _____ **GRADE:** __ **BD:** _____

NAME: _____ **GRADE:** __ **BD:** _____

NAME: _____ **GRADE:** __ **BD:** _____

NAME: _____ **GRADE:** __ **BD:** _____

PARENTS: _____

ADDRESS: _____

CITY: _____ **STATE:** __ **ZIP:** _____

PHONE: _____ **CELL:** _____

E-MAIL: _____

T-SHIRT SIZE: YXS YS YM YL AS AM

BRACELET SIZE: S M L

AMOUNT PAID: _____ **CHECK #:** _____