



# Medical Release Form

Grace Community Church Overbrook, Kansas

Are you currently taking medicine or treatment? Yes No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you been restricted from sports or swimming with in the last year? Yes No

If yes explain: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Have you ever had a severe reaction to bee/hornet sting? Yes No If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Do you have? If yes, explain

Sinus Trouble: \_\_\_\_\_ Hay Fever: \_\_\_\_\_

Heart Trouble: \_\_\_\_\_ Epilepsy: \_\_\_\_\_

Asthma: \_\_\_\_\_ Diabetes: \_\_\_\_\_

List any Allergies: Food \_\_\_\_\_

Drugs: \_\_\_\_\_

Other: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, I give consent to Grace Community Church and appointed sponsors who are with my child to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# PARENTAL CONSENT FORM

## Grace Community Church of Overbrook, KS – 7-12 grade youth ministry

This form will be kept in the youth pastor's office and a copy in the main office of GCC. Parents should notify the church office in the event of any changes to the information below.

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Student's Birth Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Contact Information: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Contact information: \_\_\_\_\_

Who to notify if parents can't be reached: Name/relationship \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

### Permission to transport and participate

I give permission for my child to participate in Grace Community Church youth ministry activities at or away from the church location. The church will provide transportation when doing so is the most feasible option. I understand that when private vehicles are used in conjunction with a youth ministry activity, all drivers will be 21 years of age or older, properly licensed and insured, unless I have given specific consent for my child to be transported by a younger driver. I agree to absolve the church of any responsibility for events or circumstances related to the use of private vehicles to, from or during such activities.

Parent or guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

---