



2009-2010 High School Ministry Medical Release Form

Name: _____ Age: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Parent's Names: _____ Phone: _____
Place of Work: _____ Phone: _____
Health Insurance Provider: _____
Policy Subscriber: _____
Policy Number: _____
Insurance Provider Phone: _____
Primary Care Physician: _____
Medications: _____
Allergies: _____

Please list ANY medical conditions on the reverse side of this form.

I designate temporary guardianship to the staff of Grace Chapel High School Ministry. I authorize Todd Szymczak or any other staff member to consent to X-ray examination, anesthetic, medical, surgical, dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision, and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned student member pursuant to this authorization.

*I authorize Grace Chapel High School Ministry staff to administer Tylenol or Ibuprofen should the need arise. _____ **Parent Initials***

Parent's Name: _____
Parent's Signature: _____ **Date:** _____

This medical form is valid for the 2009-2010 ministry year.

**A signed parental consent or permission slip is still required for all events off-site.*

GRACE

C H A P E L

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