

GRACE BAPTIST CHURCH PERMISSION & MEDICAL RELEASE FORM

To be filled out by Parent or Guardian only:

We, the undersigned parent(s) or legal guardian(s) for _____, do release, forever discharge and agree to hold harmless Grace Baptist Church and its representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child in the course of participation in Grace Baptist Church activities. We give authorization for Grace Baptist Church to provide for all necessary food, transportation, and lodging. We give our permission for our child to participate in Grace Baptist Church youth activities and for any adult representative of the church to obtain necessary medical treatment. We, the parents or guardians, assume responsibility for any medical bills incurred. Should our child have to return home before the group for medical or disciplinary reasons, we hereby assume any costs incurred. This agreement also authorizes any licensed hospital or professional to render medical care as deemed necessary for the emergency.

Parent or Guardian Signature: _____ Date: ___ / ___ / ___

General Information (Please Print)

Youth Name: _____ Gender: M / F

Parent's Name: Father - _____ Mother - _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Birth Date: _____ Age: _____ Grade: _____

Student Cell: _____ Father Cell: _____ Mother Cell: _____

Email Address: Student _____

Email Address: Parent _____

Emergency Contacts (other than yourself):

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Family Doctor: _____ Phone Number: _____

Insurance Carrier: _____ Policy Number: _____

Are there any physical or medical conditions or restrictions? Yes _____ No _____

If yes, please explain and indicate nature and extent: _____

Any known allergies or allergic reactions? _____

Last tetanus shot (if known): _____ May aspirin be given? Yes: ___ No: ___

May acetaminophen (such as Tylenol) be given? Yes: ___ No: ___ May Pepto Bismol? Yes: ___ No: ___

Other medications? _____

Any other information that would be helpful for the adult chaperones to know? _____

Parent or Guardian Signature: _____ Date: ___ / ___ / ___