



Medical and Liability Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to seek proper medical treatment, as deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

I understand that reasonable safety precautions will be taken at all times by the activity leaders from Grace Church during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Grace Church, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. This form is valid on the dates shown below.

Parent/Guardian
Signature _____

Valid from _____ to _____

Student Signature (if over 18) _____

Student Information:

(Please Print)

Full Name of student _____

Full Address _____

Date of Birth/Age _____ Phone Number _____

Parent's Name _____ Cell Number _____

If all attempts to reach me at the above number are unsuccessful, please notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Student's doctor _____ Address _____

_____ Phone number _____

Student's dentist _____ Address _____

_____ Phone number _____

Insurance Information:

Name of Insurance Company _____

Policy Number _____ Group Number _____

Name of policyholder _____

Company Name _____

Company Address _____

Student's Health History

Does the student have any pre-existing or present medical conditions? _____

If yes, explain _____

Is the student presently taking any medications? _____

If yes, explain _____

Does the student have any allergies? _____

If yes, explain _____

Please check all that apply.

Any history of:

___ Hay fever

___ Headaches

___ Seizures

___ Hyperventilating

___ Excessive nervousness

___ Extreme fears

___ Asthma

___ Frequent stomach upsets

___ Frequent colds or sinus problems

___ Any type of physical handicap that would limit or hinder activity

___ Serious illness, hospitalization, or any surgery (in the past year)

If you checked any of the above, please give details below:

Date of last tetanus shot: _____

Does student know how to swim? _____

Is there anything else in student's history that leaders need to be aware of?

Please understand that all forms will be confidential.

