

# GCC Student Ministries

## MEDICAL AND LIABILITY RELEASE FORM

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
IN EMERGENCY, NOTIFY \_\_\_\_\_ PHONE \_\_\_\_\_  
DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

### **HEALTH HISTORY**

Allergies:             Insect Stings             Drugs             Other Allergies  
Other Conditions:    Heart Condition         Frequent Colds         Chronic Asthma  
                              Hay Fever                 Epilepsy                 Diabetes  
                              Physical Handicap     Frequent Stomach Upsets

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions): \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_  
Name and dosage of any medications that must be taken regularly: \_\_\_\_\_  
Any swimming restrictions?    Yes    No  
Any activity restrictions?       Yes    No  
What restrictions? \_\_\_\_\_

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son/daughter is on a church-related activity.

Do you have health insurance?    Yes    No  
If "Yes," Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### **HOSPITALIZATION AND TREATMENT AUTHORIZATION**

In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the medical professional selected by the church leadership to administer medication, hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary. I also understand that, while traveling outside the USA, any of the above treatment may be sought and administered outside the United States of America.

Signature of Parent or Legal Guardian \_\_\_\_\_

### **LIABILITY RELEASE**

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteers liable for damages, losses, or injuries to the person or property undersigned. The parents and guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

I hereby request supervisors in the Student Ministries Department of Grace Community Church to carry out any discipline deemed necessary for my child. I also agree, if necessary, that I will pay the expense of my child being sent home because of disciplinary action. This form is kept on file for the dates specified and is valid for all Grace Community Church events during that time.

Signature of Parent or Legal Guardian \_\_\_\_\_

*VALID FROM JANUARY 1, 2020 THROUGH DECEMBER 31, 2020*