



2021-2022 Parental and Medical Release Form

Effective Dates: May 23rd, 2021 — May 22nd, 2022 (1 YEAR)

Student Personal Information

Name _____
 Address _____
 City, State, Zip _____
 Phone _____
 Male/Female _____ Date of Birth _____
 Grade Level _____ Age _____
 Parent(s)' Name(s) _____
 Work Phone _____

In case of an emergency, notify:
 Name _____
 Address _____
 City, State, Zip _____
 Phone _____
 Relationship _____

Medical Information

Have you ever been treated for any of the following?

- Allergies
- Asthma
- Bronchitis
- Diabetes
- Heart Disease
- High Blood Pressure
- Seizures

Do you wear the following?

- Contacts
- Dental Appliances
- Glasses

Please identify any additional pre-existing disorder, physical impairments, or limitations. (Attach extra sheet if more space is needed)

Please provide information for treatments checked. Please use back if not enough room.

Can your son or daughter take acetaminophen OR ibuprofen products?

List any medications being taken and why. (Attach extra sheet if more space is needed)

Date of last tetanus _____

Medical Insurance Information

Insurance Company _____
 Policyholder's Name _____
 Policy Number _____

Release Authorization

I hereby authorize my child (child's name) _____ to participate in any and all events with Grace Christian Church.

I, the undersigned, do hereby verify that the above information is correct and release, forever discharge and agree to hold harmless Grace Christian Church, its representatives, trustees, employees and volunteers from any and all liability, past or future, personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever. I hereby grant my permission for my child to participate fully in any and all events and trips with Grace Christian Church and give my permission, if need should arise, to secure a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery, and will assume all financial responsibility of medical cost, if any. Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all responsibility of transportation cost.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date Signed
