



Parental Permission and Medical Release Form

God is good. His word is true and it is at work in our lives!

Personal Information

Name	_____	In case of an emergency, notify:	
Address	_____	Name	_____
City, State, Zip	_____	Address	_____
Phone	_____	City, State, Zip	_____
Male/Female	_____	Phone	_____
Grade Level	_____	Relationship	_____
Parent(s)' Name(s)	_____		
Other contact information:	_____		

Medical Information

Have you ever been treated or currently treated for the following? Please provide information for treatments checked:

<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart Disease	_____
<input type="checkbox"/> Asthma	<input type="checkbox"/> High Blood Pressure	_____
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Seizures	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other _____	_____

Do you wear the following? Can your son or daughter take aspirin or any aspirin products?

<input type="checkbox"/> Contacts	_____
<input type="checkbox"/> Dental Appliances	_____
<input type="checkbox"/> Glasses	_____
<input type="checkbox"/> Other _____	_____

Please identify any additional pre-existing disorder, physical impairments, or limitations. 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's Signature _____ **Date*** _____

*This form is valid for one year from the date signed.