

Medical Release & Permission Form

Grace Fellowship Christian Church

Please complete the following questions on any child under the age of 18. The form will become part of Grace Fellowship Christian Church's permanent file for the current year at which another consent form will be issued.

::STUDENT INFORMATION::

NAME _____ DOB ____/____/____ SEX (circle one) M F GRADE: _____
ADDRESS _____ PHONE (____) ____-____ CELL (____) ____-____
CITY _____ STATE _____ ZIP _____

::EMERGENCY INFORMATION::

PARENTS/GUARDIANS _____ PHONE (____) ____-____ CELL (____) ____-____
HEALTH HISTORY (check all that apply): ALLERGIES__ ASTHMA__ INSECT STINGS__ DRUG ALLERGIES__ HAY FEVER__ OTHER__
SPECIFIC INSTRUCTIONS ON ALLERGIES OR MEDICATIONS:

::MAJOR HEALTH ISSUES::

DIABETES__ CARDIAC__ CHRONIC ASTHMA__ NERVOUS DISORDER__ EPILEPSY__ SEIZURE DISORDER__ PHYSICAL HANDICAP__
EMOTIONAL HANDICAP__ OTHER__
IF YOU'VE CHECKED ANY OF THE ABOVE, PLEASE GIVE DETAILS: _____

ACTIVITY RESTRICTIONS _____ DATE OF LAST TETNUS SHOT: ____/____/____
MEDICATION CURRENTLY BEING TAKEN (what/for): _____

::INSURANCE::

INSURANCE COMPANY _____ INSURANCE POLICY HOLDER _____
POLICY # _____

::BEHAVIOR::

FOR YOUR INFORMATION, WE EXPECT EACH STUDENT TO CONFORM TO THESE RULES OF CONDUCT:

- NO POSSESSION OR USE OF ALCOHOL, DRUGS, OR TOBACCO.
- NO STUDENTS CAN DRIVE.
- NO FIGHTING, WEAPONS, FIREWORKS, LIGHTERS, OR EXPLOSIVES.
- NO OFFENSIVE OR IMMODEST CLOTHING.
- NO BOYS IN GIRLS' SLEEPING QUARTERS AND NO GIRLS IN BOYS' SLEEPING QUARTERS.
- PARTICIPATION WITH THE GROUP IS EXPECTED.
- RESPECT PROPERTY.
- RESPECT ONE ANOTHER, STAFF, AND ADULT LEADERS.
- RESPECT AND COMPLY WITH EVENT SCHEDULES.

STUDENTS WHO FAIL TO COMPLY WITH THESE EXPECTATIONS MAY BE SENT HOME AT THEIR PARENT/GUARDIANS' EXPENSE.

I/We understand all reasonable safety precautions will be taken at all times by Grace Fellowship Christian Church and its agents during the events and activities. I/We understand any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Grace Fellowship Christian Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by Grace Fellowship Christian Church, its leaders, employees, and volunteer staff.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** ___/___/_____

PRINT NAME OF ABOVE SIGNATURE _____

THIS FORM MUST BE COMPLETED BEFORE ATTENDING ANY GRACE FELLOWSHIP CHRISTIAN CHURCH EVENT. NO EXCEPTIONS.