

**GRACE COMMUNITY BAPTIST CHURCH YOUTH GROUP
MEDICAL AUTHORIZATION AND LIABILITY RELEASE FORM (2010)**

Name _____ Date of Birth _____ Age _____ Sex _____ Tee-Shirt Size _____

Name of Parent(s) or Guardian(s) _____ Home Phone _____
_____ Cell _____

Home Address _____ City _____ St _____ Zip _____

If person named above is not available in the event of an emergency, notify:

Name _____ Relationship _____

Telephone _____

Name _____ Relationship _____

Telephone _____

Name of Personal Physician _____

Telephone _____

Health insurance carrier _____ Policy Number _____

*****Please attach a copy of your Medical Insurance Card to this form*****

MEDICAL PROFILE:

Check all items that apply, **past or present**, to health history. Explain any "Yes" answers:

ALLERGIES: Yes No Explain: _____

GENERAL INFORMATION:

	Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>

List all medications currently being taken: _____

List any Special Diet: _____

Date of Last Tetanus Immunization: _____

Other Health Concerns (depression, aggressive behavior, suicide attempt, bi-polar disorder, eating disorder, ADHD, etc.) which **must be communicated** to leadership if: a) student has a history of any of the aforementioned health concerns, and/or b) student is currently under the care/supervision of a physician or counselor of any type and/or taking prescription medication for aforementioned health concerns, or c) student has exhibited characteristics of these health concerns but is not yet under the supervision/care of a physician or counselor.

(PLEASE READ AND SIGN REVERSE SIDE ALSO)

Permission For Treatment

If emergency medical treatment is required for the above youth/adult during any activities taking place in 2010, with Grace Community Baptist Church (GCBC), Richmond, Virginia, and/or during travel to and from any activity taking place in 2010, and parent cannot be reached before treatment is considered necessary (or participating adult is unable to authorize care), I grant permission for one of the group leaders or other representative of GCBC to authorize medical care. The decision that treatment is necessary will be based on the opinion of a licensed physician. I agree to notify GCBC if there are any changes (after having provided the information on the reverse side of this form) in my child's (or mine, if adult) medical condition or medication list. This form remains valid until revoked by the person who signed it, and is made pursuant to Article 54.1-2969 of the Code of Virginia, to confer authority to group leaders or other representatives of GCBC who shall be considered to be persons standing *in loco parentis* to my child (if under 18 years of age).

Release of All Claims

In consideration for being accepted by Grace Community Baptist Church for participation in all activities in 2010, we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child/participant if said child is not 18 years of age or older), do hereby release, forever discharge and agree to hold harmless Grace Community Baptist Church and it's trustees, ministers, employees, agents, group leaders, and other representatives of GCBC thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child/participant that occur while said child/participant is participating in the above described trip or activity.

Furthermore, we (I), and on behalf of our (my) child/participant if under the age of 18 years, do hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, it's trustees, ministers, employees, agents, group leaders, and other representatives of GCBC, for any liability sustained by said church as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 18 years):

We (I), the parent(s) or legal guardian(s) of this participant, hereby grant permission for this participant to fully engage in customary activities (including but not limited to swimming, boating, camping, skiing, hiking, retreats, and sporting events) and hereby give permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not limited to, emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Parent/Custodial Signature (if under 18) _____ Date _____

Parent/Custodial Signature (if under 18) _____ Date _____

Participant Signature (if over 18) _____ Date _____

**PERMISSION FOR USE OF MINOR'S PICTURE/VIDEO ON
THE GRACE COMMUNITY BAPTIST CHURCH WEBSITE**

(A minor is any person 17 years of age and younger.)

The form below is a request for permission to use photographs or video footage of your child on the Grace Community Baptist Church website on the Internet. The images/videos are used on the Internet to show a wide range of activities and ministries; however, the use of images is strictly controlled to best assure safety and confidentiality. Images displayed on the Internet will be identified by their first name only if names are used.

This form specifies whether or not your child's picture/video may be used on the Internet. This permission will stay in effect until cancelled by the parent or guardian. If you wish to cancel your permission, and have your child's picture(s)/video(s) removed, please contact the Church Office and they will be removed.

Please check one box and sign.

- As the parent or legal guardian, I grant Grace Community Baptist Church permission to use photographs and/or videos of my minor child on the official Grace Community Baptist Church website on the Internet. I understand that at any time, I may have my child's picture removed by contacting the Grace Community Baptist Church office.
- As the parent or legal guardian, I DO NOT grant Grace Community Baptist Church permission to use photographs and/or videos of my minor child on the official Grace Community Baptist Church website on the Internet.

STUDENT'S NAME

Parent/Custodial Signature

Date Signed