



Medical Release Form

I (we) the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize adult volunteers of Grace Community Baptist Church as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in a approved emergency clinic or hospital. I further release from any liability Grace Community Baptist Church, any of its ministries or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date signed _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Address _____ City _____

Emergency Phone: Home (_____) _____ Work/Cell (_____) _____

Health Insurance Company _____

Policy or Group Number _____ Phone (_____) _____

If parent/legal guardian is not available in an emergency, contact:

Name _____ Phone (_____) _____

Please list any allergies. Include medications, foods, etc. _____

Does your child have any medical or special needs, including medications currently being used?

No _____ Yes _____ If yes, please explain _____

Doctor's Name _____ Phone (_____) _____

Dentist's Name _____ Phone (_____) _____

Date of last tetanus shot _____ Birth date _____