



GRACEPOINT COMMUNITY CHURCH

Medical Emergency Release Form

ALL ACTIVITIES FOR 2012



NOTE: Each form must be signed by a parent or guardian, notarized and returned to Gracepoint Community Church. *It is the responsibility of the student and guardian to update any information throughout the year.*

Name of Student: _____ T shirt size: _____

Date of Birth: ____ - ____ - ____ Age: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Parent/Guardian Cell or Work Phone: () _____

Emergency Contact (*indicate relationship*): _____ Address: _____

City: _____ State: _____ Zip: _____

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

Immunizations: [] Tetanus [] Influenza (current year) [] Hepatitis A [] Hepatitis B

Illnesses: [] Asthma [] Sinusitis [] Bronchitis [] Kidney Trouble [] Heart Problems

[] Diabetes [] Dizziness [] Seizures [] Stomach Upset [] Tonsillitis

Other (please specify): _____

Allergies (please specify): Foods: _____ Insect Bites: _____

Poison Oak, Sumac, or Ivy: _____ Medication allergies: _____

Instructions for treatment: _____

Previous surgeries/illnesses: _____

Current Medications (specify medications & dosage): _____

_____ **Special Diet:** _____

Previous illnesses: [] Measles [] Mumps [] Whooping Cough [] Chicken Pox [] Mononucleosis

Other illnesses/diseases (please specify): _____

ATTACH COPY of personal insurance card. If unavailable, the guardian is responsible for all medical costs.

Medical Insurance Company: _____

Policy Number: _____ Group Number: _____

I grant permission for my child to be treated by a licensed physician or emergency treatment center in the event of any injury, accident, illness or other mishap during the course of his time of participation and transportation. The undersigned applicant (parent/guardian if under 18 years of age) understands that neither Gracepoint Community Church nor the Student Minister/Leaders are liable for any sickness, injury, or any other accidents.

Print Student's Name _____ Signature of Student _____ Date _____

Print Guardian's Name _____ Signature of Guardian _____ Date _____

NOTARY: _____

DATE: _____

COMMISSION EXPIRES: _____

(NOTARY MUST BE STAMPED OR SEALED)