



# GRACEPOINT COMMUNITY CHURCH

## Medical Emergency Release Form

### ALL ACTIVITIES FOR 7/1/18 to 8/1/19



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.**

Do you have medical insurance?: \_\_\_\_\_ 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)**