

Grace Student Ministries Permission/Medical Release Form

I hereby give permission for _____, to attend
Print student name here

the Grace Student Ministries event _____
Print event name here.

If you have any questions, please visit our website, www.gracemahomet.org, contact Pastor Tom at tdouglas@gracemahomet.org, give us a call at 217-586-4331.

Participant Information

Name _____ Male/Female _____

Address _____ Grade _____

Allergies: _____

Current Medications: _____

Medical Insurance _____ Policy # _____

Physician's Name: _____

Parent's or Guardian's Name (if applicable) _____

Home # _____ Work # _____ Cell # _____

The undersigned assumes all risk of injury or harm to the participant associated with participation in the Activity and agrees to release, indemnify, defend and forever discharge GRACE CHURCH and its staff, employees and agents (collectively "GRACE CHURCH") of and from all liabilities, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the participant or by the participant, howsoever caused, arising or to arise by reason of or during the participant's participation in the Activity.

Authorization for emergency medical care to minors: The undersigned parent or legal guardian of the above named minor, hereby authorizes GRACE CHURCH, or its agents (the temporary custodians of the minor) to consent to or permit any duly licensed physician or dentist to prescribe any X-ray, examination, anesthetic, medical or general or special supervision or advise of any or several physician(s), surgeon(s), or dentist(s) licensed under the laws of any state, whether such diagnosis or treatment is rendered at the office of the physician, surgeon, or dentist, or at a hospital licensed by the State.

Signature of Parent or Guardian _____ Date _____

Relationship to Minor _____

Person to contact in case of an emergency (if we are unable to reach parent):

Name _____ Phone # _____