

MEDICAL AND LIABILITY RELEASE FORM

Grace Community Church (Greensboro, NC)

Name _____ Date of Birth / Age _____

Address _____

City _____ Zip _____ Phone _____

Parent's Name _____ Social Security # _____

In Emergency, notify _____ Phone _____

Name of your Physician _____

City _____ Zip _____ Phone _____

HEALTH HISTORY: allergies and other conditions

- | | | |
|--|---|--|
| <input type="checkbox"/> Insect Allergies | <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Other Allergies |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Heart | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Frequent stomach upsets | <input type="checkbox"/> Diabetes | |

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions):

Date of last tetanus shot: _____

Name and dosage of any medications that must be taken: _____

Swimming Restrictions: No Yes Explain _____

Activity Restrictions: No Yes Explain _____

Our Church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is on a church-related activity.

Do you have health/medical insurance? Yes No

If "yes", Name of Co.: _____ Policy # _____

Address: _____ Phone: _____

Consent to Medical Treatment: In the event a Parent or Guardian cannot be reached in an emergency, I hereby give permission to the physician, dentist or other health care provider selected by the authorized representative of Grace Community Church to provide medical treatment for my child deemed medically necessary, including but not limited to hospitalization, injections, medication, anesthesia, and surgery.

RELEASE OF LIABILITY AND INDEMNITY: I AGREE TO ACCEPT AND TO ASSUME FULL RESPONSIBILITY FOR ALL RISKS AND HAZARDS INHERENT IN AND ASSOCIATED WITH PARTICIPATION IN CHURCH RELATED ACTIVITIES BY MY SON OR DAUGHTER. I HEREBY AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND THE CHURCH AND EACH OF ITS EMPLOYEES, OFFICERS, REPRESENTATIVES AND VOLUNTEERS AGAINST ANY LIABILITY, COST, LOSS, CLAIMS AND ACTIONS, BASED UPON OR SUSTAINED IN CONNECTION WITH PARTICIPATION IN CHURCH RELATED ACTIVITIES. THE UNDERSIGNED UNDERSTAND THAT THEY ARE SIGNING THIS MEDICAL CONSENT, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT IN BEHALF OF _____ (NAME OF MINOR)

PARENT OR LEGAL GUARDIAN'S SIGNATURE _____ DATE _____

STATE OF _____

COUNTY OF _____

Before me, a notary public, on this day appeared _____ known to me to be the person whose name is subscribed to the foregoing document, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this _____ day of _____, AD. _____.

Notary Public Signature _____ my commission expires _____

Notary Public typed or printed Signature _____

Please send form back to Grace Community Church c/o Davy Parsons 643 West Lee Street, Greensboro, NC 27403

THIS MEDICAL RELEASE FORM IS GOOD FOR ONE YEAR FROM THE DATE IT IS SIGNED