

2017 Annual Medical Release Form

Grace Church of the Islands Student Ministries

January 1, 2017 - December 31, 2017

Name _____ Birth Date _____ Grade _____
Address _____ School _____
City/State/Zip _____ Home Phone _____
Parents' Names _____ Work/Cell Phones _____
Other Emergency Phone Numbers _____

Medical Information

Family Physician _____ Clinic _____
Physician's Phone _____ Emergency _____
Insurance Company _____ Policy/ID No. _____
Member's Name _____ Group # _____
Allergies _____ Regular medications being taken _____
Special Handicaps or Special Conditions _____

Medical and Surgical Waiver

Including: Property Damage, Transportation for Disciplinary Reasons & Personal Property Searches

1. I am the parent and/or legal guardian of _____ and hereby acknowledge that he/she is under my care, custody, and control. In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to Grace Church of the Islands Presbyterian Church staff, its representatives, sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may be in their sole discretion be necessary and proper under the circumstances. I, the undersigned parent and/or legal guardian of above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless Grace Church of the Islands Presbyterian Church, Inc. or its representatives from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and an financial responsibility for all medical treatment provided.
2. I also assume financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons.
3. I also give permission to Grace Church of the Islands Presbyterian Church staff, its representatives, and the adult sponsors and chaperones to search my child's personal belongings, including, but not limited to all luggage, purses, and backpacks, if deemed necessary for the purpose of searching for unlawful or illegal objects.

Signature of

Parent/Guardian _____

Date _____