

**Participant Information**

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Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade \_\_\_\_  
(last) (first) (MI) (Mo.) (Day) (Yr.)

Address: \_\_\_\_\_  
(number) (street) (city) (state) (zip)

**Please answer the following questions**

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Are you currently under a doctor's care?  Yes  No  
If yes, please explain. \_\_\_\_\_.

Are you currently taking any medications?  Yes  No  
If yes, what kind? \_\_\_\_\_.

Are you allergic to any insect bites or sting?  Yes  No  
If yes, please explain what kind. \_\_\_\_\_.

Date of last Tetanus toxin immunization: (if unknown, state "unknown") \_\_\_\_\_.

**Please list any and all food and drug allergies.**

\_\_\_\_\_  
\_\_\_\_\_.

**Do you have any of the following?** (Check only those that apply.)

- Sinus trouble       Hay Fever       Heart problems       Epilepsy  
 Asthma       Diabetes       Any communicable disease

Please explain. \_\_\_\_\_.

**Do you have any medical or special accommodation needs that we should be aware of?**  Yes  No

If yes, please explain. \_\_\_\_\_.

**Parent/Guardian Information**

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Name: \_\_\_\_\_ Home / Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different from above)

Employed by: \_\_\_\_\_ Work phone number: \_\_\_\_\_

**Emergency Medical Authorization**

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**In the event of a medical emergency, I hereby give permission to GSBC staff and/or their designee, who is present at the event, to obtain medical treatment for my child. I also give my permission for the physician and/or hospital selected to hospitalize and to procure proper treatment for my child. I fully understand that I am responsible for any bills related thereunto. In addition, I hold GBC, and all other church representatives harmless of any and all liability related to any injury incurred during my child's involvement in any children's ministry event.**

**.Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Insurer name: \_\_\_\_\_ policy number: \_\_\_\_\_

If I cannot be reached, please notify \_\_\_\_\_

At this number(s). Phone # 1: \_\_\_\_\_ phone # 2: \_\_\_\_\_

**Parent's Email Address** \_\_\_\_\_ **Students Email Address** \_\_\_\_\_