

Teens of Grace

Medical Release Form -Event and Date:

Grace Southern Baptist Church

1058 Buckshoal Road

Virgilina, VA 24598

434-572-1860

Participant Information

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

Address: _____
(number) (street) (city) (state) (zip)

Please answer the following questions

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 stings? 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

Name: _____ Home / Cell Phone #: _____

Address: _____
(if different from above)

Employed by: _____ Work phone number: _____

Emergency Medical Authorization

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 this Teen 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** _____