

# Medical/Permission Release Form

This form is valid for all church-sponsored youth activities.



Sponsoring Organization: **Grace Bible Fellowship** 541-924-0270  
33990 McFarland Rd Tangent, OR 97389

Student Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_  
Parent/Guardian Name(s) \_\_\_\_\_

***In case of emergency, person to contact:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Medical Ins. Company: \_\_\_\_\_ (Or a copy of insurance card)  
Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician; \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

Students Allergies (insect stings, medications, food, etc): \_\_\_\_\_

Medications Student is taking: \_\_\_\_\_

Health History (explain any conditions we should be aware of): \_\_\_\_\_

Any other conditions (heart, diabetes, asthma, epilepsy, etc.) \_\_\_\_\_

Last tetanus shot: \_\_\_/\_\_\_/\_\_\_ Blood Type \_\_\_\_\_ Swimming restrictions? Yes No  
Activity restrictions? Yes No What restrictions? \_\_\_\_\_

**Photo permission**

Photo and Video will be taken during events and will be posted on Reach Ministry *by invitation only* Facebook page and newsletters. **Please check here if you agree** \_\_\_\_\_

**Liability Release**

Every activity sponsored by Grace Bible Fellowship Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, you agree to assume and accept all risks and hazards inherent in church-related social and sport activities including transportation to and from activities by an insurance driver of Grace Bible Fellowship. You also agree that you will not hold Grace Bible Fellowship Church or its employees or volunteer assistants liable for damages, losses or injuries to the person names on this form. You understand that this form and your signature are for both medical and liability release.

**Minor's Liability Release**

I give permission for my child, \_\_\_\_\_, to participate in all activities as part of the ministry of Grace Bible Fellowship Church, Tangent, Oregon. As parent or legal guardian of said minor, I accept full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment.

I release Grace Bible Fellowship Church from any liability, in the event of an emergency in which my child is in need or immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given to any person standing in loco parentis to my child.

It is understood that my child will obey all regulations and follow instructions of the leaders. I agree to pay any expenses including the cost of my son/daughter being sent home if discipline is deemed necessary.

Parent/Guardian: \_\_\_\_\_ Signature Date: \_\_\_\_\_

**Student Participant Agreement**

I, the participant, understand that I am under the authority of those leaders in charge. I, also, understand that the use or possession of alcoholic beverages, illegal drugs, tobacco, fireworks, firearms, knives, foul language, public displays of affection or abusive behavior are prohibited and will result in immediate expulsion, without refund, at the expense of myself or parent/guardian. I understand the seat belts must be worn at all times when being transported. I understand that this is a Christian event & will have a spiritual emphasis. ***I have read & discussed these guidelines with my parent/guardian.***

Participant \_\_\_\_\_ Signature Date \_\_\_\_\_