



Grace Student Ministries

Grace Presbyterian Church

MEDICAL AND PARENTAL CONSENT FORM

Name _____ Age _____
 Address _____
 City, State _____ Zip _____ Phone _____
 In Emergency, Notify _____ Phone _____
 Doctor _____ Phone _____

HEALTH HISTORY: Allergies and other conditions

insect allergies drug allergies other allergies
 frequent colds heart asthma
 physical handicap epilepsy hay fever
 frequent stomach upset diabetes

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

Name and dosage of any medications that are currently being taken:

Date of last tetanus shot _____

May we administer any of the following medications to your child?

Tylenol Ibuprofen
 Benadryl Pepto-Bismol

Do you have health insurance? Yes No

If "yes," Name _____ Policy # _____

Address _____

Student's social security number _____

Please attach a photocopy of your medical insurance card.

LIABILITY RELEASE: Every activity sponsored by this 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, the parents or guardian agree to assume and accept all risks and hazards inherent in church related activities. They also agree not to hold this church or its employees or volunteers liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

PERMISSION FOR TREATMENT: "In the event that I cannot be reached in an emergency, during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize and/or to secure proper treatment for my son or daughter as deemed necessary."

Parent or Guardian's signature _____ Date _____