

Medical Release & Permission Form

Youth Information:

Name: _____
Last Middle First

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email: _____

School: _____ Year: _____ Age: _____ Birthdate: _____

Family/Legal Guardian Information:

Father's (Legal Guardian) Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email: _____

Mother's (Legal Guardian) Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email: _____

Emergency Contact Information:

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State : _____ Zip: _____ City: _____ State : _____ Zip: _____

Home Phone: _____ Work Phone: _____ Home Phone: _____ Work Phone: _____

Insurance Information:

Medical Insurance Co: _____ Policy Number: _____

Address: _____ Group Number: _____

City: _____ State: _____ Zip: _____ Medical Ins. Phone: _____

Primary Physician: _____ Primary Physician Phone: _____

Primary Dentist: _____ Primary Dentist Phone: _____



Medical History: List and explain any major illnesses, disabilities, conditions, allergies, or medical limitations that we should be made aware of:

Medical Release: I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signatures: _____ Date: _____

I/We give consent for our child to attend all the yearly functions with GYG, and will contact the Church immediately if any changes are made to his/her medical history or medical / insurance information.

Parent/guardian signatures: _____ Date: _____

