

**2010-2011
YOUTH/CHILD MEDICAL
AUTHORIZATION AND RELEASE FORM**

GRACE BIBLE CHURCH
700 Anderson, College Station, Texas 77840 (979) 693-2911
www.grace-bible.org

Date form filled out _____

Name _____ Birth Date _____ Age: _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Please give the last date for the following shots: Are your immunizations current?

Polio _____ Tetanus _____ DPT Series _____ MMR _____

List any allergies _____

Physical problems/restrictions (e.g., hyperactivity, deafness, etc.) or special needs of child _____

Medications you must take: _____

Additional comments _____

Physician's Name _____ Phone _____

Medical Insurance Company _____

Phone number _____

Policy Number or ID Number _____

PARENTS/GUARDIANS PLEASE NOTE: *I understand that, in case of emergency, every effort will be made to contact parents or guardians. In the event that we cannot be reached, I hereby consent to emergency transportation, examination, x-ray, anesthesia, injection, medical, dental, surgical diagnosis, treatment and hospital care as advised and administered by any physician, dentist, or surgeon licensed to practice under the laws of the state where services are rendered, at a doctor's office, clinic, or hospital. I, therefore, assume all responsibility for the decisions made, and the emergency care or treatment so secured for my child. I further release Grace Bible Church, its staff, and adult leaders from responsibility and liability for any injury or illness that my child may sustain during church activity or transportation involving the church activity. Also, I understand that some hospitals require notarized authorization before a child can be treated. (If this form is not signed and notarized, a hospital may not treat a child/youth under age 18.)*

Parent/Guardian Signature _____ Date _____

Father's Name _____ hm _____ cell _____

Mother's Name _____ hm _____ cell _____

Parents' Email Address(es): _____

In case of emergency where a parent/guardian cannot be reached, please call:

Name _____ hm _____ cell _____

Relationship _____