

Medical Release and Permission Form

Grace Presbyterian Church
215 Gould St. • Beaver Dam, WI • 53916

2011-
2012

Child's Name: _____ Birth date: _____

MEDICAL HISTORY

Allergies: _____

Current Medications: _____

All shots up to date according to age? YES _____ NO _____

Other Medical Concerns: _____

MEDICAL INSURANCE INFORMATION:

Insurance Company: _____ Phone: _____

Policy/Group# : _____

Regular Physicians Name: _____

Policy Holder: _____

PARENT/LEGAL GUARDIAN/EMERGENCY CONTACT INFORMATION:

(If multiple children, this information only needed on one of the forms)

Name: _____

Relationship to Minor: _____ E-Mail Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Place of Employment: _____

Emergency Contact Person (other than parent/legal guardian)

Name: _____ Phone: _____

Cell Phone: _____

PARENTAL CONSENT TO PARTICIPATION:

I hereby give consent for my above named child to participate in Grace Presbyterian Church sponsored events for this coming year. This includes events at Grace Presbyterian Church and events held off campus with my child being transported by an adult leader. If I am unable to be contacted, I authorize the adult leadership to act in the best interests of my child in the event of a medical emergency, and consent to such medical treatment and care that may be deemed necessary, at my expense.

Parent/Legal Guardian Signature: _____ Date: _____

*Note: All volunteers at Grace Presbyterian Church working with children and youth undergo a background check before being allowed to be a part of these ministries.