

Grace Baptist Temple Youth Department

2320 N. Smith Pike
Bloomington, IN 47404
(812) 336-3049

Medical and Liability Release Form

Name: _____ Age: _____

Address: _____

City: _____ Zip: _____ Phone: (____) _____

Emergency Contact 1: _____ (Relation)

_____ Phone _____

Emergency Contact 2: _____ (Relation)

_____ Phone _____

Doctor: _____ City: _____

Doctor Phone: _____

Health History

Allergies: Insect Stings Drugs Other Allergies

Other

Conditions: Heart Condition Frequent Colds Asthma

Frequent stomach Diabetes Hay Fever

upsets Epilepsy Physical handicap

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

Last date of Tetanus Shot: _____

Name and dosage of medications that must be taken:

Any swimming restrictions: _____ Yes _____ No

Any activity restrictions: _____ Yes _____ No

List any restrictions:

Do you have health insurance: _____ Yes _____ No

If "yes," Name of Provider: _____

Policy Number: _____

Address: _____

Please include a photocopy of Insurance and Prescription cards (front and back)

Medical Release:

"In the event that I can not be reached in an emergency, I hereby give permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

Liability:

Every activity sponsored by Grace Baptist Temple 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 parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or it's employees or volunteer assistants liable for damage, 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 both for medical and liability release.

Parents or Guardian Signature (Date) _____