

Consent/Medical Release Form

Grace Church of the Nazarene
6310 Dayton Blvd. Hixson, TN 37343
423.842.5919 or youth@chattanooga.grace.com

Name: _____ Age: _____ Gender: _____
Social Security #: _____ Birth Date: _____
Address: _____ City: _____ State: _____ Zip: _____

Parent Information

Home Phone: _____ Work Phone: _____ Cell Phone: _____
Emergency Contact (**NOT** Parent/Guardian): _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

The undersigned, as parent or guardian of the person listed below, hereby authorizes any staff member and/or adult sponsor who may be supervising or directing any activity sponsored by the Grace Church of the Nazarene, Hixson, TN, to authorize emergency medical treatment of the person listed above while this person is participating in any trip, excursion, or activity sponsored by the Grace Church of the Nazarene.

Signature of Parent/Guardian _____ Date _____

Insurance Information

This information will be requested by the physician and medical facility in the event of an emergency. Please help us by making sure you give complete and correct information. This Consent/Medical Release Form is valid for all Grace Church of the Nazarene sponsored activities. If any of the information you have provided should change during these dates, please complete a new form and return it to the church office.

Name of Parent/Guardian: _____
Name of Insured Policy Holder: _____
Insurance Company Name: _____
Policy #: _____ Group #: _____
List and explain any medical problems:

Please list any medications being taken and what it is being taken for:

Please list any medication that could cause allergic reaction:

Date of tetanus shot: _____