

GRACE BIBLE CHURCH

LOCATION
334 Preston Parkway
Cambridge, ON
CHURCH TEL
519.623.7911
MAILING ADDRESS
P.O. Box 32173
Cambridge, ON N3H 5M2

MEDICAL RELEASE & INFORMATION ACKNOWLEDGEMENT

Full name of child/youth _____
Address _____
City _____ Prov _____ Postal Code _____
Parent or guardian _____
Home phone _____ Cell _____ Work _____
Emergency contact (if different from parent/guardian) _____
Emergency phone number _____

HEALTH INFORMATION

My child is allergic to the following foods and/or medications

Doctor's name _____
Doctor's address _____
Doctor's phone _____

I hereby give the staff of Grace Bible Church permission to see that my child, _____,
receives any medical attention he/she may need while participating in _____.

I also release Grace Bible Church and its staff of any liability not caused by their negligence during the above activity or trip. This includes the following:

- The power to seek appropriate medical treatment or attention on behalf of the child as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.
- The power to authorize medical treatment or medical procedures in an emergency situation.

In case of emergency, I understand that every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, I hereby give Grace Bible Church permission to act on my behalf in seeking and administering medical treatment should it be deemed necessary or advisable for the registrant's health, safety and/or welfare.

Parent/Guardian name (PLEASE PRINT) _____ Date _____

Parent/Guardian signature _____

This form will remain in effect for 1 year from the above date, unless rescinded beforehand.