



**Grace
Pointe**
An Evangelical Free Church

MEDICAL RELEASE FORM

January 1 – December 31, 2017

5455 S. Westover Ave. Tucson, AZ 85746
(520) 883-3281 • www.GracePointeTucson.org

STUDENT'S NAME: _____ HOME PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 E-MAIL ADDRESS: _____ STUDENT'S CELL PHONE: _____
 PARENT / GUARDIAN NAME: _____
 PARENT / GUARDIAN HOME PHONE: _____ PARENT / GUARDIAN CELL PHONE: _____
 PERSONAL HEALTH INSURANCE COMPANY: _____ POLICY #: _____
 LIST ANY MEDICAL PROBLEMS OR ALLERGIES: _____
 MEDICATIONS NEEDED: _____

THIS IS TO CERTIFY THAT MY ABOVE NAMED SON / DAUGHTER HAS MY PERMISSION TO PARTICIPATE IN ACTIVITIES WITH GRACEPOINTE: AN EVANGELICAL FREE CHURCH, TUCSON, AZ, FROM THE DATE OF MY SIGNATURE BELOW UNTIL DECEMBER 31, 2017.

UNDERSTANDING THAT ALL DUE CARE FOR THE HEALTH AND SAFETY OF ALL PARTICIPANTS WILL BE EXERCISED, I WILL HOLD NEITHER THE CHURCH NOR ANY ADULT SUPERVISORS RESPONSIBLE FOR ANY ACCIDENT OR ILLNESS THAT MAY OCCUR. I HEREBY EMPOWER THE ADULT LEADERS OF THESE ACTIVITIES TO SECURE THE SERVICES OF PROPERLY QUALIFIED MEDICAL PERSONNEL AND TO AUTHORIZE THE PERFORMANCE OF ANY NECESSARY MEDICAL OR SURGICAL PROCEDURES IN THE EVENT OF AN ACCIDENT OR ILLNESS, WITH THE UNDERSTANDING THAT EVERY EFFORT WILL BE MADE TO CONTACT ME BEFORE SUCH ACTION IS TAKEN. I WILL ALSO ASSUME ALL FINANCIAL AND LEGAL RESPONSIBILITIES INVOLVED.

Church insurance is secondary to all other insurances and will be issued only when other insurance has been extended to its limits.

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

The foregoing instrument was acknowledged before me this _____ of _____, 2017, by _____ who is known to me or has produced _____ type of identification.
 Notary Signature: _____ Date: _____