



Children and Youth Medical Release and Information Form

Name: _____ Parent's Name: _____

Address: _____

Home Phone: _____ Parent's Work Phone: _____

Male ___ Female ___ School Grade: _____ Date of Birth: _____

Grace Chapel Member? Yes ___ No ___ I am a guest of _____

Insurance Company _____ Policy Number _____

Family Physician _____ Office Phone _____

Name of Person to contact in case of an emergency (other than parent): _____

Home Phone: _____ Work Phone: _____

Allergies (including drugs): _____

Please list any medications to be taken by student (including dosage and times): _____

Does your child have any medical or other conditions we should be aware of? _____

Special instructions or information: _____

Tell us about your child. Please share any of your child's likes, dislikes, fears, etc. so we can better care for him or her _____

In case of an emergency you are authorized to take such measures and arrange for such medical and hospital treatment, as you may deem advisable for the health and well being of my child. I release Grace Chapel, the staff and volunteers from claim of liability due to sickness or injury.

I attest to the fact that the above named child is covered by an insurance policy covering illness and injury. I accept all financial responsibilities concerning any medical emergency. I also accept responsibility to have my child picked up immediately in the event of illness, accidents or for disciplinary reasons.

Signature of Parent/Guardian: _____ Date: _____

Print your name and relationship to entrant: _____

Release of All Claims

In consideration for my child being allowed to participate in activities sponsored by Grace Chapel, I hereby release, discharge, indemnify, and agree to hold harmless Grace Chapel, its directors, officers, and employees, agents and all volunteer personnel from any and all liability for personal injuries and/or damage(s), injury, or illnesses that may be suffered by.

I further agree to indemnify and hold harmless Grace Chapel, its directors, officers, and employees, agents and all volunteer personnel for any claim and/or damages it or its agents are required to pay as a result of any injury or damage including reasonable attorney fees, litigation expenses, and court costs.

Signature: _____ Date: _____

Printed Name: _____