

MEDICAL RELEASE/PERMISSION FORM

For Group Activities Sponsored by: Ransom Student Ministries
(Grace Community Church of Chalfont, PA)

Name of Participant _____

Full Address: _____

Date of Birth: _____ Phone: _____

Emergency Contact Person: _____ Phone: _____

Name of Insurance Company: _____

Policy # _____

Physician's Name: _____ Phone: _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission for a Ransom Student Ministries (Grace Community Church) adult sponsor to secure the services of a licensed physician to provide the necessary care, including anesthesia, for my child's well being.

Print Name (Parent or Guardian)

Signature

Date

PERMISSION/WAIVER OF LIABILITY STATEMENT

I, _____, the parent or legal guardian of the child listed below, give my permission for the child listed below to attend the below listed activity. Furthermore, I release Ransom Student Ministries and Grace Community Church, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in the activity listed below.

Name of Youth Participant: _____

Activity: _____

Date of Activity: ___/___/_____ to ___/___/_____

Print Name (Parent or Guardian)

Signature

Date