

**Emergency Medical Release Form
Children and Student Ministry**

Grace Chapel
14632 Fishtrap Rd. Aubrey, Texas 76227
940-440-6626

I, _____ do hereby give my permission for my child to participate in the Student & Children's ministry activities with Grace Chapel including their transportation to and from the activities. I also consent to any hospital, medical, or surgical care and treatment, as well as the administration of anesthesia determined necessary by a qualified physician to be necessary for the welfare of my student while said student is under the care, custody and control of the Student or Children's Ministries Grace Chapel and I am not reasonably available by telephone to give consent.

Student Information:

Name: _____ Date of Birth: _____
Cell Phone: _____ Address: _____
Grade: _____
School: _____

Name(s) of Parent(s)/Legal Guardian(s): _____
Home Phone: _____ Business phone: _____
Cell phone: _____ Other phone: _____

Alternate person to contact in case of emergency if parent cannot be reached:

Name: _____ Relationship: _____
Phone: _____ Other Phone: _____

In the event my child has need of medical attention, I do hereby give permissions for the staff or volunteers of Grace Chapel Student or Children's Ministry to obtain such medical treatment as deemed necessary. I understand that every effort will be made to contact me or my alternate contact person.

Expectations/Covenant

1. Respect is a key expectation at all Grace Chapel Student and Children's Ministry ministries, events, and activities.
2. Students and children will treat EVERYONE with a loving and respectful attitude and manner.
3. Possession or consumption of alcohol, illegal drugs, weapons, or tobacco are not allowed.
4. Any student or child who does not follow the above expectations or the expectations and rules set forth during the event will be sent home at their own expense.
5. By signing this, I am allowing Grace Chapel to post pictures of my child online.

Student Signature and date

Parent Signature and date

Insurance Information

PLEASE ATTACH A COPY OF THE FRONT AND BACK SIDES OF YOUR INSURANCE CARD

Medical History/known allergies to food, drugs, bee stings, etc.

List all medications currently taken and what condition it is taken for.

Date of last Tetanus ____/____/____

Family Physician: _____ Phone: _____

Insurance Company: _____ Phone: _____

Policy Number: _____ Group Number: _____

**Should the need arise for simple, over-the-counter medication,
my child MAY BE GIVEN the following:**

- Tylenol
- Ibuprofen
- Cough medication, specifically _____
- Allergy Medication, specifically _____
- Eye drops, specifically _____
- Other over-the-counter med, specifically _____
- Tums
- Pepto Bismol

Is there any other medical or any other information which the staff or volunteers of Grace Chapel should be aware of?
