

# MEDICAL RELEASE/INSURANCE FORM

Grace Community UMC – Youth Ministry (Shreveport, Louisiana)

**PLEASE LEGIBLY PRINT ALL INFORMATION**

STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_  
*Last First M.*

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
*Number Street City State Zip*

FATHER'S NAME \_\_\_\_\_ Hm# \_\_\_\_\_ Wk# \_\_\_\_\_

Cell# \_\_\_\_\_ Pager# \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ Hm# \_\_\_\_\_ Wk# \_\_\_\_\_

Cell# \_\_\_\_\_ Pager# \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_ Hm# \_\_\_\_\_ Wk# \_\_\_\_\_

*\*\*Complete Guardian info only if different from parent Information\*\**

Cell# \_\_\_\_\_ Pager# \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_  
*Name Phone Number(s) Relationship*

FAMILY DOCTOR \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_

POLICY HOLDER \_\_\_\_\_ POLICY # \_\_\_\_\_ GROUP# \_\_\_\_\_

DATE OF LAST TETANUS SHOT \_\_\_\_\_

SPECIAL HEALTH PROBLEMS \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

SWIMMING ABILITY (CHECK ONE)       GOOD SWIMMER       FAIR SWIMMER       NON-SWIMMER

\_\_\_\_\_(STUDENT NAME) has my permission to attend all Grace Youth Ministry events and activities during the coming year (up to and including one year from the notarized date below). This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Grace Community United Methodist Church and its staff of any liability against personal losses of the named child. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, damage, to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date, and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth ministry staff. I also hereby grant to Grace Community all right, title and interest in any and all photographic images and audio or video recordings made by or on behalf of Grace Community.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Before me, the undersigned authority, on this personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed above and acknowledged to me that she/her executed the same for the sworn purpose therein expressed. Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Witness \_\_\_\_\_

Witness \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the Parish of \_\_\_\_\_

My commission expires \_\_\_\_\_.