



PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

I hereby give permission for this student to attend and participate in Gracepoint Fellowship's Gearhead Student Ministries events in 2018 (January 1 – December 31)

This form must be completed and returned to a Gearhead Student Ministries staff member before a student may participate in events.

Student's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Father's Name: _____ Home/Cell Phone: _____ Work Phone: _____

Mother's Name: _____ Home/Cell Phone: _____ Work Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____ Home/Cell Phone: _____ Work Phone: _____

Name: _____ Home/Cell Phone: _____ Work Phone: _____

Allergies:

Other Medical Conditions:

Student's Physician: _____ Work Phone: _____

Medical and/or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM

Recognizing the possibility of injury or illness, and in consideration for Gracepoint Fellowship accepting my son/daughter as a participant in the Gearhead Student Ministries program, I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify Gracepoint Fellowship, its employees, associated personnel, and volunteers, against any claim by or on behalf of my son/daughter as a result of my son's/daughter's participation in the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

Signature of Parent/Guardian

Date

_____ PERMISSION TO TREAT A MINOR
(Initial to allow)

I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred relating to such medical and/or dental services rendered to the student or youth pursuant to this authorization.

_____ PHOTOGRAPH RELEASE
(Initial to allow)

I hereby grant permission to Gracepoint Fellowship to use photographic images containing photograph and likeness of said minor for various purposes such as printed material, publications, displays, video productions, Pro Presenter presentations, etc., as well as for the various Gracepoint-related sites on the World Wide Web (WWW). I also acknowledge Gracepoints right to crop or treat the photographic image at its discretion.

(Parent/Guardian Signature) (Phone) (Date)

Please list any info (medication, allergies, etc..) that we need to know to better look after your teen:

