



Grace  
community church  
525 Glenn Avenue  
Washington C.H., Ohio 43160  
740.333.5433 | gracecommunity.net

## EMERGENCY MEDICAL RELEASE FORM

Name of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

### Participant's Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

### Parent's Information:

Name (First) \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Work Telephone \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Emergency Contact Phone # (s) \_\_\_\_\_

I, \_\_\_\_\_, give permission for my son / daughter (named above) to participate in the above named event. I give permission for my son / daughter to be transported in privately owned and/or church owned vehicles.

In case of medical emergency, I understand that a reasonable effort will be made to contact me. In the event that I cannot be reached, I give permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated by licensed personal.

I hereby release and discharge Grace Community Church, and any employees or volunteers that work with the children's or youth ministry, from any and all claims and liabilities which the undersigned had, now has or may hereafter have against such parties, especially with respect to claims for personal injury and any medical care treatment provided.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please list any medical issues that we should be aware of (i.e. diabetic, food allergies, medicine allergies, bee allergies, etc.) \_\_\_\_\_

Medicine(s) that need to be taken during event \_\_\_\_\_