



Medical Information & Release Form

Student Information

Last Name:		First Name:	
Birth date:		Age:	Gender: M F
Phone:		Email:	
Address:		City:	
Postal Code:		State:	

Parent / Guardian Information

Name(s):		Email:	
Home Phone:		Cell Phone:	

Student Medical Information

Medical Ins. Co:		Ins co Phone #	
Policy #		ID#	
Family Doctor:		MD Phone#	
Allergies		Chronic illness:	
List all Medicines & Dose:		Other Special Medical needs or notes:	

Release Form

The staff of Greensburg Alliance Church makes every effort to contact the student's parents as soon as possible in the event of a medical need by their child. However, at times this may not be successfully completed due to circumstances. Therefore, we request your permission as stated below and will make due effort to notify you as quick as possible.

I am the parent and /or the guardian of the student listed above, which is a minor under my care, custody and control. I hereby expressly give my permission to participate in activities of Greensburg Alliance Church and more specifically in the church's youth ministry program. In the event of an emergency necessitating medical and/or surgical attention of the student above, I authorize them to represent me, the parent, in discussing and authorizing treatment by a hospital, physician, or medical staff deemed necessary for the good my child. The decisions to perform treatment and surgery are conveyed to the Greensburg Alliance Church/ Alliance Youth Student Ministry staff by me, the parent/guardian. Further, I fully understand that my child is participating in the activities of the Greensburg Alliance Church/Alliance Youth at his/her own risk. I further release, acquit, discharge, and agree to hold harmless, Greensburg Alliance Church/Alliance Youth and staff or volunteers of both from all actions, damages, liabilities arising out of the treatment of any sickness or accident for my child during participation of activities.

Student Signature:		Date:	
Parent/Guardian Signature: Of above student		Date:	

This authorization/release shall remain in effect until withdrawn by a Parent/Guardian of the above student. The family shall notify the church office or current Youth Pastor if any changes occur in the above information.

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