

**GRACE COMMUNITY BAPTIST CHURCH YOUTH GROUP  
MEDICAL AUTHORIZATION AND LIABILITY RELEASE FORM (2016)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent(s) or Guardian(s) \_\_\_\_\_

Parent/Guardian Phone #: Home \_\_\_\_\_ Cell(s) \_\_\_\_\_

**If person named above is not available in the event of an emergency, notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_

Name of Personal Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Health insurance carrier \_\_\_\_\_

Insurance ID/Group/Policy Numbers \_\_\_\_\_

***\*\*Please attach a copy of the front and back of your Medical Insurance Card to this form\*\****

**MEDICAL PROFILE:**

Allergies: Yes  No  Explain: \_\_\_\_\_

List all medications currently being taken: \_\_\_\_\_

List any Special Diet: \_\_\_\_\_

Date of Last Tetanus Immunization: \_\_\_\_\_

**List any Medical or Health Concerns.** Some health concerns (depression, aggressive behavior, suicide attempt, bi-polar disorder, eating disorder, ADHD, etc.) **must be communicated** to leadership if: a) student has a history of any of the aforementioned health concerns, and/or b) student is currently under the care/supervision of a physician or counselor of any type and/or taking prescription medication for aforementioned health concerns, or c) student has exhibited characteristics of these health concerns but is not yet under the supervision/care of a physician or counselor.

\_\_\_\_\_  
\_\_\_\_\_

**(PLEASE READ AND SIGN REVERSE SIDE ALSO)**

**Permission For Treatment**

If emergency medical treatment is required for the above youth/adult during any activities taking place in 2016, with Grace Community Baptist Church (GCBC), Richmond, Virginia, and/or during travel to and from any activity taking place in 2016, and parent cannot be reached before treatment is considered necessary (or participating adult is unable to authorize care), I grant permission for one of the group leaders or other representative of GCBC to authorize medical care. The decision that treatment is necessary will be based on the opinion of a licensed physician. I agree to notify GCBC if there are any changes (after having provided the information on the reverse side of this form) in my child's (or mine, if adult) medical condition or medication list. This form remains valid until revoked by the person who signed it, and is made pursuant to Article 54.1-2969 of the Code of Virginia, to confer authority to group leaders or other representatives of GCBC who shall be considered to be persons standing *in loco parentis* to my child (if under 18 years of age).

**Release of All Claims**

In consideration for being accepted by Grace Community Baptist Church for participation in all activities in 2016, we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child/participant if said child is not 18 years of age or older), do hereby release, forever discharge and agree to hold harmless Grace Community Baptist Church and it's trustees, ministers, employees, agents, group leaders, and other representatives of GCBC thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child/participant that occur while said child/participant is participating in the above described trip or activity.

Furthermore, we (I), and on behalf of our (my) child/participant if under the age of 18 years, do hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, it's trustees, ministers, employees, agents, group leaders, and other representatives of GCBC, for any liability sustained by said church as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 18 years):

We (I), the parent(s) or legal guardian(s) of this participant, hereby grant permission for this participant to fully engage in customary activities (including but not limited to swimming, boating, camping, skiing, hiking, retreats, and sporting events) and hereby give permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not limited to, emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Parent/Custodial Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Custodial Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature (if over 18) \_\_\_\_\_ Date \_\_\_\_\_