



GWINNETT STUDENT MINISTRY

GSM Medical Release Form

NAME _____ PHONE _____

ADDRESS _____ ZIP _____

CITY _____ BIRTH DATE _____ GRADE _____

SCHOOL _____

PARENT/GUARDIAN'S NAME _____

I GIVE PERMISSION FOR MY CHILD TO JOIN THE YOUTH OF GCC STUDENT MINISTRIES OF LAWRENCEVILLE, GA, IN ANY OF THE ACTIVITIES OR TRIPS SPONSORED BY THE CHURCH, ITS STAFF, AND SPONSORS. I HEREBY RELEASE THEM FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD MAY SUSTAIN DURING THIS ACTIVITY. IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE AN ADULT LEADER OF THIS ACTIVITY AS AGENT FOR ME, TO CONSENT TO ANY X-RAY EXAMINATION, MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS, TREATMENT, AND HOSPITAL CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON, DENTIST(AS APPROPRIATE), LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE WHERE THE SERVICES ARE RENDERED, EITHER AT A DOCTOR'S OFFICE OR IN ANY HOSPITAL. I EXPECT TO BE CONTACTED AS SOON AS POSSIBLE.

PARENT/GUARDIAN SIGNATURE _____

TODAY'S DATE _____



Emergency Contacts

NAME _____

PHONE _____

NAME _____

PHONE _____

MEDICAL INFORMATION

ALLERGIES _____

MEDICATIONS _____

MEDICAL CONCERNS _____

MEDICAL INSURANCE CO _____

NAME OF POLICY HOLDER _____

POLICY NUMBER _____