

RELEASE FORM

September 2015 - September 2016
Grace Church of Ovilla Youth Ministry

519 Westmoreland * Ovilla, Texas 75154 * 972-617-0429

Youth's Name: _____ Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Male / Female _____

Birth date: _____ Social Security Number: _____

School Attending: _____ City: _____

Father's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

In an Emergency Notify: _____ Phone: _____

Other Guardian: _____ Phone: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Hospital Insurance () Yes () No Policy Number: _____

Name of Insurance Company: _____

➤➤➤Attach a Copy of Insurance Card with this Form<<<

List date of last immunization: DPT _____ MMR _____

Tetanus Only _____ Polio _____

Check if Youth has had: Chicken Pox _____ Measles _____ Mumps _____

Whooping Cough _____ Other _____

Allergies: Food / Drugs _____

Insects /Bites _____

Previous Serious Illness: _____ Date: _____

Current Medication: _____

Special Diet: _____

OVER ➔

The Student Ministry at Grace Church of Ovilla is designated by Grace Church of Ovilla by the abbreviation "Grace" throughout this entire form.

I (we) hereby authorize Grace to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

I (we) hereby give permission for my (our) child adult to attend and participate in activities sponsored by Grace and Grace College Ministry.

I (we) hereby authorize Grace to transport my (our) child to or from church and or any other church related and sponsored activities and events.

I (we) hereby authorize Grace to include my (our) child in supervised water activities.

I (we) authorize Grace and its acting leaders to teach and lead my (our) child in religious lessons and services which may include prayer and Bible teaching.

I (we) hereby authorize any adult in whose care the child has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to the child under the general or supervision and on the advice of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

I (we) hereby authorize any licensed physician or medical treatment center to treat my (our) child in case of an emergency in which the before named physician cannot respond.

I (we) the undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to their authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I (we) hereby release, forever discharge and agree to hold harmless Grace and the directors 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 child -participant that occur while said child is participating in any trip or activity with Grace.

Furthermore, I (we) {and on behalf of my (our) child-participant if under the age of 21 years} hereby assume all risk of personal injury, sickness, death, damage and expenses 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, its directors, employees and agents for any liability sustained by said church as the result of the negligent, willful intentional acts of said participant, including expenses incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force throughout **September 2015 to September 2016** and in effect until written notice of revocation or withdrawal is received by Grace at its office located at 519 Westmoreland, Ovilla, TX 75154. It is the responsibility of the parents or guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed at the beginning of this form.

>>>> WE NEED PARENT & STUDENT SIGNATURES <<<<

✍️ Father (if under 21): _____ **Date:** _____

✍️ Mother (if under 21): _____ **Date:** _____

✍️ Participant (Student): _____ **Date:** _____