



GRACE COMMUNITY

CHURCH OF RIVERTON

PERMISSION/ MEDICAL RELEASE FORM

Student Name 1: _____ Grade: _____

Student Name 2: _____ Grade: _____

Student Name 3: _____ Grade: _____

Student Name 4: _____ Grade: _____

PARENT(S) or GUARDIAN(S) NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

I give permission of my above-named youth to participate in all GraceCommunity Church of Riverton student activities from August 14th, 2019 to August 14, 2020.

I hereby release GraceCommunity Church of Riverton, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during these activities. 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, or 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.

SIGNATURE: _____ DATE: _____

NAME: _____ PHONE: _____

Emergency person to contact (if you cannot be contacted)

ALLERGIES: _____

MEDICATION: _____

MEDICAL INSURANCE: _____

POLICY # _____

MEMBER'S NAME: _____