

GRACE BIBLE CHURCH · 5781 Manchester Road · Akron, OH 44319 · (330-882-4416)
STUDENT EMERGENCY MEDICAL CONSENT FORM (one form per child)

| | | | |
|---|------------------------|-----------------------|------------------------------|
| Child/Student Name | | Birthdate | Date form completed/updated |
| Home Address | | | |
| City | State | Zip Code | Home Telephone Number |
| Parent/Guardian Mother | Parent/Guardian Father | Relationship to Child | |
| Address | | | |
| City | | State | Zip Code |
| Home Telephone Number | | Cell Telephone Number | |
| Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who you want to be contacted in the event of an emergency or illness if the parent/guardian cannot be reached. Persons listed should be able to assist in locating the parent/guardian and at least one person listed must be local and able to take responsibility for the child in cases where the parent/guardian cannot be located. | | | |
| Name (NOT PARENT) | | Name (NOT PARENT) | |
| City | State | City | State |
| Telephone Number | Relationship to Child | Telephone Number | Relationship to Child |
| <input type="checkbox"/> Give Permission to Transport: I give Grace Bible Church permission to have my child transported to (Hospital/Clinic) for emergency medical care, or to the nearest available source of assistance. Name of Hospital or Clinic: | | | |
| Allergies (food, medication or environmental) and precautions, reactions and treatment | | | Check here if not applicable |
| Medications, food supplements, modified diet currently being administered | | | <input type="checkbox"/> |
| Chronic Physical Problems | | | <input type="checkbox"/> |
| History of hospitalization | | | <input type="checkbox"/> |
| History of diseases the child has had | | | <input type="checkbox"/> |
| Any additional health or enrollment information you feel you should know about your child | | | <input type="checkbox"/> |

I authorize Grace Bible Church to use and reproduce any photos, narrative, interviews, audio and video for any purpose. Participants name will not be used in conjunction with any materials.

In consideration of your accepting me or my child for participation in activities of Grace Bible Church, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages against Grace Bible Church and its officers, employees, representatives and assigns for all claims and causes of action by reason of any injury which may be sustained as a result of these church activities, whether on the church premises, on the way to or from these activities, or premises associated with these church activities (such as retreats, mission trips, etc.).

I understand that my child /student will be instructed very clearly as to the exact departure time and place of every off-site activity. In the event that my child/student does not return to the departure point on time, I understand and agree that I must be called upon promptly to pick up my child/student personally from the activity site as the rest of the group must return together for other families, parents, etc., who will be waiting for their arrival.

This authorization shall remain effective until revoked in writing and delivered to Grace Bible Church or until AUGUST 31ST, 2019.

Executed this _____th of _____, of the year _____, in _____, Ohio.

Signature _____
 (Parent or Guardian if minor or dependent)