Consent to Medical, Dental, or Hospital Care and Release of Liability For Grace Bible Presbyterian Church

12060 Lebanon Rd. ● Cincinnati, OH 45241 ● 513-563-6648

This form is required for all off-site activities of the Children's & Youth ministries.

General Release

By participating in the activities of Grace Bible Presbyterian Church, I acknowledge that there may be inherent or other risks involved. I/We agree to release Grace Bible Presbyterian Church and its agents from all liability of damage and injury to myself or to the participant indicated below for whom I am the Parent/Legal guardian. I also accept full liability for any loss or damage for all equipment or property of Grace Bible Presbyterian Church while it is in my control or possession.

Transportation Release

I/We the undersigned do hereby give permission to Grace Bible Presbyterian Church and its agents and representatives to transport the participant named below to and from any program, ministry, or activity sponsored by Grace Bible Presbyterian Church and I/We hereby release Grace Bible Presbyterian Church, its agents and representatives from any and all liability that may otherwise occur during the course of transporting the below named person to or from a program, ministry or activity.

Medical Release

I/We the undersigned do hereby give authorization to Grace Bible Presbyterian Church, its representatives, and agents discretion for obtaining any medical treatment that the representative/agent deems necessary for the person named below leading to, during, or following any program, ministry or activity sponsored by Grace Bible Presbyterian Church.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Student and Parent General Information

Participant's Full Name (Please Print) _____

Participant's Address _____

City _____ State _____ Zip Code _____

Date of Birth: _____ Home Phone Number _____

Parent/Guardian Name(s) (Please Print) _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone Number _____ Work Phone Number _____

Other Emergency Phone # _____

Alternate Contact Person: Name _____

Relationship (Aunt, friend, etc.) _____ Phone # _____

Please continue on the back of this form.

Health Care Information:

Primary Care physician: _____ Phone #: _____

Is there medical or hospitalization insurance which provides benefits for this child? Yes No

Name of Policy Holder: _____

Insurance Company: _____

Insurance Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Insurance Policy #: _____ Group #: _____

Are there any known allergies (food, medicines, animals, etc.) we should be aware of?

_____

_____

Are there any significant health conditions we should be aware of?

_____

_____

Are there any medicines the child is taking we should be aware of? (Please list drug, dosage, frequency)

_____

_____

(If health condition is of a personal nature you may communicate it to the Ministry Director verbally.)

I certify that I am the parent or legal guardian of the child named above. I further certify that the above information is accurate to the best of my knowledge. I, the undersigned, have read and understand the above medical consent and release from liability for my child through September 15, 2020

Parent/Guardian's Signature _____ Date _____