

# MEDICAL INFORMATION & PARENT CONTACT FORM

I am the parent/guardian of \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Full Name of child)

I give permission for the adult leaders from Grace Brethren Church to seek medical treatment for my child. In the event of an emergency, I consent for my child to receive such medical treatment and/or surgical procedures deemed necessary by medical personnel. I hold harmless and fully and forever release and discharge Grace Brethren Church, all officers, agents and volunteers and or employees or staff of Grace Brethren Church from any and all claims, demands, rights of action, present or future, whether the same be known, anticipated or unanticipated, resulting from, or arising out of, or incident to, the providing of this medical assistance.

I assume liability for any medical expenses involved. The insurance coverage (if any) that we carry will be the primary coverage for my child. I understand that every reasonable effort will be given to contact me as soon as possible should an emergency arise.

## HEALTH INFORMATION:

Health conditions: \_\_\_\_\_ asthma, \_\_\_\_\_ diabetes, \_\_\_\_\_ epilepsy, \_\_\_\_\_ bleeding disorders \_\_\_\_\_

Other \_\_\_\_\_

Please give any specific details that medical personnel may need to know related to any of the above conditions:

\_\_\_\_\_  
\_\_\_\_\_

Allergies

\_\_\_\_\_  
\_\_\_\_\_

Medications being taken and the condition for which it is prescribed:

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Physical impairments: \_\_\_\_\_

\_\_\_\_\_

Other information for which a medical doctor should be alerted: \_\_\_\_\_

\_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

Policy Holder's Employer: \_\_\_\_\_

**CONTACT INFORMATION**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Daytime Phone Numbers: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Evening Phone Numbers: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

If I cannot be reached the following person is to be notified:

Name \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURES**

By signing this document I certify all of the above information is true and accurate. I agree to the stipulations above in the event of a need for medical treatment. I have legal custody of the child listed on this form.

This release shall be in effect during the times that the above named minor is in the care and custody of Grace Brethren Church, and shall include but not be limited to transportation to and from activities sponsored by Grace Brethren Church.

\_\_\_\_\_  
Father's Signature or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature or Guardian

\_\_\_\_\_  
Date