



## GENERATIONS YOUTH MEDICAL RELEASE FORM

This form will be kept on file until October 31, 2019. By signing on the back side of this form, you are giving your student permission to participate in any off-site activities with GENERATIONS CHURCH.

This will eliminate the need for parents to complete a permission slip for each off-site event. There may be additional release forms that are required for certain events which will be provided as needed. (i.e. YOUTH Camp forms that may be specific to that camp or organization)

### Student Information

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: MALE FEMALE

School: \_\_\_\_\_

Email Address \_\_\_\_\_

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

Person to Notify: \_\_\_\_\_ Day Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_ Pager/ Cell Phone #: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(over)

**MEDICAL INFORMATION**

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

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

Doctor Name & Phone \_\_\_\_\_ Date of last Tetanus \_\_\_\_\_

List any physical limitations which might hinder participation in activities: (allergies, asthma, etc.): \_\_\_\_\_

\_\_\_\_\_

List any medication (and doses) which are taken regularly: \_\_\_\_\_

\_\_\_\_\_

List any special information should medical treatment be required (rare blood types, medication allergies, high blood pressure, diabetes, missing organs, Etc.): \_\_\_\_\_

**MINOR CHILDREN**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, (hereinafter referred to as "MINOR") a minor, hereby acknowledge that said minor is presently under my care and custody. I hereby give said permission to go to and participate in activities with GENERATIONS CHURCH of GREELEY, COLORADO, (hereinafter referred to as "CHURCH").

In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the church, its representatives, or trip leaders to seek necessary emergency medical attention.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all such diagnosis, treatment, or hospital care which the aforesaid physician in the exercise of his best judgment may deem advisable.

I, the undersigned parents and/or guardian of said minor do release, acquit, discharge, and covenant to hold harmless the church, its representatives, or trip leaders from any and all actions, damages, and/or liabilities arising out of any accident or sickness, or treatment thereof, incurred by said minor during activities with the church.

I, the undersigned, request that my student, be permitted to participate in Generations Church youth events. I understand that my permission and consent to treatment will be kept on file and will need to be updated annually, based on the date below.

**Signature of parent and/or guardian** \_\_\_\_\_ **Dated:** \_\_\_\_\_