



GRACE COMMUNITY

Welcome. Love. Serve.

Off-Site Permission/Medical Release/Insurance Form Grace Community UMC (Shreveport, LA)

Please Legibly Print All Information

Student: _____ Birthdate: _____
Last First M. Grade: _____

Address: _____
Number Street City State Zip

Parent/Guardian Information _____

Name: _____ Hm# : _____

Relationship: _____ Cell# : _____

Name: _____ Hm# : _____

Relationship: _____ Cell# : _____

Emergency Contact Information _____

Name: _____ Relationship: _____

Phone Number(s): _____

Medical Information _____

Allergies: _____

Medications: _____

Last Tetanus Shot: ___/___ Swimming Ability: good weak none
(Month/Year) (Circle one)

Special Instructions or Information: _____

Insurance Information _____

Primary Physician: _____ Office# : _____

Insurance Provider: _____

Policy Holder's Name: _____

Policy # : _____ Group # : _____

_____ (student name) has my permission to attend all Grace Community events and activities during the coming year (up to and including one year from the notarized date below). This consent form gives permission for my child to attend off site events, travel in church provided transportation, to seek whatever medical attention is deemed necessary, and releases Grace Community United Methodist Church and its staff of any liability against personal losses of the named child. I the undersigned have legal custody of the student named above, a minor, and have given my consent for him/her to attend events being organized by the church. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the church, its staff, agents, and volunteers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designation by the church, I agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my expense should they become ill or if deemed necessary by the ministry staff. I also hereby grant to Grace Community all right, title, and interest in any and all photographic images, audio, or video recordings made by or on behalf of Grace Community.

Parent/Guardian Signature _____

Witness Signature: _____

Witness Signature: _____

Before me, the undersigned authority, on this personally appeared _____ known to me to be the person whose name subscribed above and acknowledged to me that he/she executed the same for the sworn purpose therein expressed. Sworn and subscribed before me this _____ day of _____ 20____.

Notary Public in and for the Parish of _____

My commission expires _____