

## GCBC Youth Medical Release

Child Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Phone Numbers (Mobile & Home)

\_\_\_\_\_

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

Preferred Method of Contact

- ☐ Phone call
- ☐ Text Message
- ☐ Email

Known Medical Conditions

Medications \_\_\_\_\_

\_\_\_\_\_

Allergies

\_\_\_\_\_

By checking the box below, I do hereby authorize leaders and assistant leaders at Grace Covenant Baptist Church to consent to any medical attention that my child may need in case of any incident that may arise. \*

☐ I have read and understand the above statement.

By checking the box below, I release Grace Covenant Baptist Church from liability for any injury or material damages that may result from participating in church activities. \*

☐ I have read and understand the above statement.

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