

Garner Christian Fellowship - Medical Release/Permission Waiver

This form is only good for **ONE YEAR, therefore, EVERY ONE MUST** turn in a new form each year. We, as GCF Youth Group will keep this form on us in case there is an emergency or need of contact. **PLEASE FILL OUT THIS ENTIRE FORM.**

Youth's Full Name: _____

Date of Birth: ____/____/____ **AGE**_____ **GRADE IN 24/25**_____

Home Address: _____

Youth's Phone #: _____ **email:** _____

Mother's Name _____ **cell#** _____

Father's Name _____ **cell#** _____

MEDICAL INFORMATION:

Medical Insurance and I.D. Number _____

Allergies or Medicines Youth is Allergic to _____

Youth is presently taking the following medicines _____

Any other helpful information regarding health needs _____

(Please feel free to attach medical card or write on the back of this form any other information)

TRANSPORTATION: I give permission for my youth to ride in any of the church event vehicles/vans/buses or the vehicles of other GCF parents/leaders.

PARENT'S STATEMENT: I hereby give my consent for the above-named youth to participate in the activities of "*Garner Christian Fellowship - GCF.*" I authorize my youth to go with, and be supervised by a representative of GCF on any trips or events. I release the church and its representatives from any liability in the event of an accident enroute, during, or returning from an activity. In the case that my youth may become injured or ill, I authorize GCF personnel to have my youth treated and I authorize the medical agency to render treatment. I understand that GCF personnel will endeavor to reach me should the nature of the injury or illness warrant it. However, I will not hold GCF personnel responsible if efforts to contact me are unsuccessful.

SIGNED: _____ **DATE:** _____

Parent / Guardian

Parent / Guardian: _____

Please Print

Emergency Phone Number: _____

Parent's Email: _____

- Thank you