

Grace Youth Ministry


Medical Treatment Authorization & Release Form 2026

Please Print Clearly and Complete.

You may fill out one form for multiple siblings as long as the medical insurance is the same.

PERSONAL INFORMATION:

Under "Home Address" write "same" if address is identical as first minor listed.

Minor's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Month _____ Day _____ Year _____

Minor's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Month _____ Day _____ Year _____

Minor's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Month _____ Day _____ Year _____

Minor's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Month _____ Day _____ Year _____

MEDICAL INFORMATION:

Primary Care Physician's Name: _____

Primary Care Physician's Phone Number: (_____) _____

Medical Insurance Provider: _____

Policy # _____ Group # _____ I.D. # _____

Name of Insured: _____ Relationship to Minor: _____

Insurance Provider's Address: _____

Insurance Provider's Phone #: (_____) _____

Please attach a copy of your insurance card to this form.

List Allergies to Medications:

If you added more than one child above, write the minor's birthdate next to allergy listed

List all Medical Conditions for which the minor is receiving treatment:

If you added more than one child above, write the minor's birthdate next to Condition listed

List all prescription Drugs the minor is currently taking:

If you added more than one child above, write the minor's birthdate next to Drug listed

List all Surgeries/Serious Injuries within the past 5 years – please include dates:

If you added more than one child above, write the minor's birthdate next to Surgeries/Injuries listed

Other pertinent Medical information:

If you added more than one child above, write the minor's birthdate next to Medical information listed

EMERGENCY CONTACT INFORMATION:

Parent/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Secondary Contact Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

2025 AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S):

My son(s)/daughter(s), (name(s))

has my permission to attend and participate in events sponsored by Grace Church of Perry Georgia.

LIABILITY RELEASE: In consideration of **Grace Church of Perry** allowing the Participant to participate in youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **Grace Church of Perry**, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities or recreation including claims that arise from the negligence of the released parties. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises for the 2025 calendar year.

Furthermore, we (I) and on behalf of our (my) minor Participant(s) understand the risks involved in various activities undertaken including as an example but without limitation skiing, swimming, inflatable jumpy houses, trampolines, slides, watersports, waterslides, boating, tubing, waterskiing, wakeboarding, snow skiing/boarding, lake canoeing/kayaking, white water river canoeing/kayaking/rafting, hiking/backpacking, rock climbing, athletics, mountain biking, archery, paintball, zip lines, climbing tower and various other challenge course with high and low elements, fishing, horseback trail riding, tree climbing, camping out, use of tools and equipment in manual arts, arts and crafts, work projects and other programs, farming, milling, outdoor-living skills, wilderness activities, vehicular travel, and work of various kinds and we (I) hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, we (I) hereby expressly authorize and permit said Church to furnish any necessary transportation, food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto for the 2025 calendar year.

Further, I understand and acknowledge that naturally occurring disease processes (including, but not limited to, the currently widespread novel virus COVID-19) can occur in all environments in which activities take place. I acknowledge that it is ultimately my sole responsibility to ensure that I and/or my child take appropriate actions to safe-guard ourselves and agree that by participating and/or by allowing my child to participate in sponsored activities, I am accepting and assuming the risk that I or my child may be exposed and become ill as a result of COVID-19 and other communicable diseases and that it is an inherent risk of attending programs this year.

I, on behalf of myself and my child and our respective heirs, successors, and assigns hereby voluntarily release, forever discharge and covenant not to sue Grace Church of Perry and its members, employees, agents, and volunteers ("Released Parties") for any claims that may arise out of or relate in any way to my child's exposure to any communicable disease, including but not limited to COVID-19. The claims hereby released include, but are not limited to, claims of negligence against any of the Released Parties.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the Participant pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for Participant to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for Participant to ride in any vehicle driven by an ADULT chaperon while attending and participating in activities sponsored by **Grace Church of Perry for the 2025 calendar year.**

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Minor's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Attach copy of insurance card here: