

Parental/Medical Release Form

In the event of an emergency, I give permission for medical treatment/care to be administered to my son/daughter while on the church-sponsored trip on (dates)_____. We release Grace Community Church and individual leaders from liability due to injury.

Name of Student _____

Is youth covered by medical/hospitalization insurance?

Yes [] No []

If yes, the following information is needed:

Policy holder name _____

Insurance company name _____

Policy number _____

Group number _____

Parent/Guardian phone numbers:

Home _____

Work _____

To be signed in presence of notary

Parent/guardian signature _____

STATE OF TEXAS
COUNTY OF TARRANT

This instrument was acknowledged before me on _____

Notary Public—Signature