

***Medical Permission To Treat  
& Liability Release Form***

In the event of an emergency, I give permission for medical treatment/care to be administered to me (or my son/daughter if participant is under 18 years of age) while on trips sponsored by Grace Community Church. I release Grace Community Church and individual leaders from liability due to injury or malpractice.

Name of Participant \_\_\_\_\_

Is participant covered by medical/hospitalization insurance?    Yes [ ]    No [ ]

If yes, the following information is needed:

Policy holder name \_\_\_\_\_

Insurance company name \_\_\_\_\_

Policy number \_\_\_\_\_

Group number \_\_\_\_\_

Emergency contact phone numbers:

Name \_\_\_\_\_                      Number \_\_\_\_\_

Name \_\_\_\_\_                      Number \_\_\_\_\_

***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