

Gilmer Student Ministries

Permission Slip and Medical Release Form

Valid January 1, 2011 through December 31, 2012

Student's Name: _____

Street Address: _____

City and State: _____ **Zip Code:** _____

Grade in Fall 2011: _____ **Date of Birth:** _____

The undersigned does hereby release, indemnify and save harmless Gilmer church of Christ, Gilmer, Texas, its agents, employees, elders, ministers, staff, and members, of and from any and all liability or responsibility in connection with any loss or damage sustained by the herein named Participant, including, but not limited to accident, bodily injury, death, or property damage, as a consequence of, or arising from, or in any manner growing out of any act, omission, or negligence of Gilmer church of Christ, Gilmer, Texas, its agents, employees, elders, ministers, staff and member's in connection with the herein designated program, tour, event or trip. I hereby grant permission for my student to participate in Gilmer church of Christ Student Ministries Events. Should any problems arise concerning the behavior of my student that would require them to return home prior to the end of the activity, I will pay for his or her return or come pick my student up. I recognize that Gilmer Church of Christ uses photographs and video images of events in our publicity materials such as the church website, and newsletters and I hereby grant permission for photo/video images of my student to be taken and used for such purposes. My student may be given acetaminophen, ibuprofen, or Sudafed by the youth sponsors as needed. I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent. Any medical expenses are the responsibility of the participant and their insurance carrier. This Parent Authorization and Liability Release is void upon revocation. It may be revoked at any time by written notice delivered to an elder, the youth minister, or the church secretary of Gilmer Church of Christ provided that this revocation shall not affect or apply to any activity, event or outing occurring prior to the delivery of the revocation.

(parent or legal guardian only) Printed Name(s): _____

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____

Home Phone: (_____) _____ **Home 2:** (_____) _____

Work Phone: (_____) _____ **Work 2:** (_____) _____

Cell Phone: (_____) _____ **Cell 2:** (_____) _____

Emergency Contacts:

If we can't reach you, who do we contact?

1. Name: _____ Relationship to Participant _____
Day Phone: (_____) _____ Night Phone: (_____) _____

2. Name: _____ Relationship to Participant _____
Day Phone: (_____) _____ Night Phone: (_____) _____

Medical Insurance Co. _____ Phone: (____) _____

Policy #: _____

Primary Care Physician Name and/or Clinic Name: _____

Primary Care Physician Phone Number: (_____) _____

Special Medical Conditions--Allergies, chronic illness, or other conditions:

Current Medications:

Drug Allergies:

Date of Last Tetanus shot: _____

Any other information (special needs, concerns):

