

GRACE BIBLE CHURCH
4041 Squankum-Allenwood RD
Allenwood, NJ 08724

MEDICAL / LIABILITY RELEASE FORM
(Must be signed by Parent or Guardian)

Student's Name _____ Male Female Age _____ Date of Birth _____

Parent or Guardian _____

Address _____ City _____ State _____ Zip _____

Email address: _____ Home Phone # _____ Work Phone # _____

Alternate Person to Contact _____ Phone # _____

Are there any disabilities that would limit the student's activities? **No** **Yes**

If yes, please describe _____

Is the student currently taking any prescription drugs? **No** **Yes**

If yes, please list _____

PARENT / GUARDIAN AUTHORIZATION

As a parent/guardian, I understand that my son/daughter will be under the supervision of the adult sponsors of Grace Bible Church. I give my full permission for him/her to attend youth group at Grace Bible Church. Every meeting of the Grace Youth Group is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in the Grace Youth Group weekly meetings.

Statement of Permission to (please write event in):

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

REQUEST FOR INSURANCE INFORMATION

*In the event that your child becomes ill, or is injured while participating,
Grace Bible Church requests that you provide the following information:*

Name (of insured) _____ Relation to Patient _____

Employer's Name _____ Employer's Phone Number _____

Employer's Address _____ City _____ State _____ Zip _____

Insurance Co. Name _____ Phone # _____

Group Name (usually employer's name) _____ Group# _____

Subscriber's ID # _____