

# MEDICAL RELEASE AND GENERAL PERMISSION FORM

## Student Activities: 7/1/09—8/31/2010

GRADE-school yr.  
2009-2010  
\_\_\_\_\_

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Student's Email (PLEASE PRINT) \_\_\_\_\_

T-Shirt Size  
\_\_\_\_\_

Parent's Names & Phone Numbers In Case of Emergency

Father \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent Email (PLEASE PRINT) \_\_\_\_\_

OTHER \_\_\_\_\_ Phone \_\_\_\_\_  
(Name and Relationship)

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Contract Number \_\_\_\_\_ Group Number \_\_\_\_\_

I authorize a representative of Green Valley Baptist Church to seek and sign for treatment of my son/daughter \_\_\_\_\_ for any emergency medical treatment and/or diagnostic procedures by doctors and emergency room staff in treatment of patient.

Please list ANY/ALL medications, medical problems, conditions or allergies we need to be aware of:

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

My child has permission to attend and participate in activities sponsored by Green Valley Baptist Church, including travel to and from such activities by church bus or charger bus. I also give permission for my child to travel with an adult driver over the age of twenty-five years (25 years) in a personal vehicle when deemed appropriate by the leader of an activity.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

My son/daughter may be pictured individually or in group photos contained on the Green Valley Baptist Church website ([www.gvbc.org](http://www.gvbc.org)) and subsequent program for viewing and ministry promotional purposes only. They will not be shared or sold to any entity outside the membership of GVBC. I recognize that my signature is authorization for photos of my child to be used.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_