



### Medical Information and Release

I, as parent/guardian of \_\_\_\_\_, birth date \_\_\_\_\_, release Grace Baptist Church of Somerset, KY, its agents, and employees from any claims or causes of action arising from or connected with transportation to and from, and attendance at Grace Baptist functions for the year 2010-2011. I further agree that Grace Baptist Church of Somerset, its agents, or employees are authorized to provide such medical treatment as may be necessary, in their judgment, during such transportation and encampment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Business #: \_\_\_\_\_

1. Does youth have any known allergies (include allergies to medicine) \_\_\_yes \_\_\_no

If yes, what \_\_\_\_\_

2. Does youth have any physical disabilities or take medicine regularly? \_\_\_yes \_\_\_no

If yes, what \_\_\_\_\_

3. In case of emergency: (Please check one of the following)

\_\_\_\_\_ Call before treatment is given \_\_\_\_\_ Give First Aid, then call

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

#### **For Notary Public Use Only:**

Acknowledged before me \_\_\_\_\_ (notary) on this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (month, year).

\_\_\_\_\_  
(Notary Public)

My commission expires on \_\_\_\_\_.