



# Vineyard Medical Release

*Grace Vineyard Christian Fellowship*

611 109<sup>th</sup> St. Arlington, TX 76011 – (817) 640-4588 – [www.gvcf.org](http://www.gvcf.org)

## PERMISSION, RELEASE AND MEDICAL AUTHORIZATION

### AUTHORIZATION FOR CHURCH EVENTS & OUTINGS AND WAIVER FOR LIABILITY FOR MINORS

I \_\_\_\_\_ residing at \_\_\_\_\_  
(Complete name of parent or guardian) (Complete Address)

\_\_\_\_\_ certify that I am the \_\_\_\_\_  
(Parent/Legal Guardian)

of \_\_\_\_\_ Child's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Child's Full Name)

*I hereby give my consent for the above named minor to participate in the VINEYARD CHRISTIAN FELLOWSHIP OF ARLINGTON church activities as follows:*

1. Regular scheduled events and activities and events on the youth calendar both on and off the Vineyard premises from 6 / 1 / 08 to 6 / 1 / 09  
(Fill out for special events/activities only)

2. Special event (& not on calendar): \_\_\_\_\_  
Destination: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
Time Leaving: \_\_\_\_\_ Returning: \_\_\_\_\_ Supervisor \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Pick up at: \_\_\_\_\_

I/We are members (or friends) of the Grace Vineyard Christian Fellowship which is a relational organization, a church and I/we release the Vineyard from all liability for any injury or illness that my child may sustain during this activity(s). I/We will not hold this corporate spiritual body liable or responsible for any injury to my child or myself beyond the limits of any insurance that may be in force and effect, and which provides coverage for injuries that may happen. I also release the Vineyard from liability for any damage to property caused by my child during the above activities and personally assume all responsibility for payment of any expenses incurred by such damage.

*This signed release form signifies my agreement to all of the above:*

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**NOTE: If the activities/events portion of this form is not filled out, DO NOT SIGN IT!**

*Grace Vineyard Christian Fellowship requires a separate form for each minor be completed and signed by the minor's parent or guardian before the trip begins. No minor will be allowed to travel or participate in the above described activities unless this form is completed and filed in the church office, with a copy in the hands of the driver/supervisor. ABSOLUTELY NO EXCEPTIONS!*

*Thank you for your cooperation..*

**(OVER For Page 2)**

# Grace Vineyard Christian Fellowship

611 109<sup>th</sup> St. Arlington, TX 76011 — (817) 640-4588 — [www.gvcf.org](http://www.gvcf.org)

## PERMISSION, RELEASE AND MEDICAL AUTHORIZATION

Child's Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Name of Group: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Two Emergency Phone Numbers:

Where/Who: \_\_\_\_\_

In the event of an emergency, I/we hereby give permission to the pastors, leaders or representatives of the Grace Vineyard Christian Fellowship to take whatever steps necessary to administer first-aid and further give permission for my child to receive emergency medical/dental care as deemed necessary by any licensed physician or dentist. I also specifically authorize the administration of medicines, surgical treatment, x-ray examinations, or hospital care ordered by a duly licensed medical physician, surgeon or dentist either at a doctor's office or any hospital. I wish to be contacted as soon as possible.

Medical Information:

Allergies: \_\_\_\_\_

Medications being taken (Specify drug(s) and dosage) \_\_\_\_\_

Physical handicaps or limitations: \_\_\_\_\_

If under the care of a physician in the past 3 years for medical, surgical or emotional reasons, please provide general information: \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Member's Name: \_\_\_\_\_ Policy No. \_\_\_\_\_

Member's Social Security Number (for identification purposes) \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

*(OVER For Page 1)*