

Vineyard Medical Release

Grace Vineyard Christian Fellowship

611 109th St. Arlington, TX 76011 — (817) 640-4588 — 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 **April 2010 to April 2011**
(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..

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Child's Name:

Phone:

Address:

City/Zip

Name of Group:

Parent or Guardian:

Address:

City/Zip

Two Emergency Phone Numbers:

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

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