

**Grace Baptist Church**  
**Bakersfield, California**  
**Medical Permission/Release Form**  
**September 1, 2008 - August 31, 2009**

I fully realize that any activity involves a risk of personal injury, property damage, or loss of my person or property. I hereby for myself, my heirs, executors, and administrators, waive and release any claims or rights against Grace Baptist Church, all of its officers, directors, and coordinators; all owners of equipment which may be used and those who volunteered their equipment, vehicles, and services for this trip, for any and all injury, damage, or loss to my person or property incurred during a church sponsored youth activity.

I also give authorization to Grace staff members, chaperones, or any other Grace adult leaders and drivers to act on my behalf in the event of a medical emergency to authorize any medical procedure, operation, medication, etc. to my child.

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Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Child's Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ *(Please include your zip code)*

Parent's Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact in case of Emergency: \_\_\_\_\_

Contact's Telephone Number: \_\_\_\_\_

Any Medical Problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe:

Medications Currently Prescribed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe:

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

State of California

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)