

Grace Baptist Church

2550 Jewetta Ave – Bakersfield, Ca 93312 – (661) 589-0424

ADULT 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 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 me.

Name:	_____	Age:	_____
Date of Birth:	___/___/___		
Address:	_____	State:	_____
	_____	Zip:	_____
Phone:	(____)____-_____	Cell:	(____)____-_____

Insurance Carrier:	_____	Policy
Number:	_____	
Emergency Contact Name:	_____	
Contact's Telephone Number:	(____)____-_____	

Do you have any known medical problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:	_____	

Do you currently take any prescribed medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:	_____	

_____	___/___/___
Signature	Date