

# **Graymere Church of Christ**

## **Permission Form, Release, Discharge and Hold Harmless Agreement for January 2009 - January 2010**

(Please Print)

Name as on Drivers License \_\_\_\_\_

Date of Birth\_\_\_\_/\_\_\_\_/\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( \_\_\_\_ ) \_\_\_\_\_

### **Emergency Contact Person:**

Name \_\_\_\_\_

Home Phone Number ( \_\_\_\_ ) \_\_\_\_\_

Work ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

### **Alternate Contact Person: (Use someone near the primary contact)**

Name \_\_\_\_\_

Home Phone Number ( \_\_\_\_ ) \_\_\_\_\_

Work ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

### **Health Insurance**

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Name of Insurance Company \_\_\_\_\_

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

Group Number \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

Family Doctor \_\_\_\_\_

City \_\_\_\_\_ Phone Number \_\_\_\_\_

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

### **Health History:**

Medication, Allergic to Medicines, Pre-existing, or present medical conditions

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**Please Note: This form must be notarized**

***Parent/Participant Medical and Liability Release Statement***

I hereby give permission to the youth leader or one temporarily in that capacity to release the above information to a doctor chosen by the youth leader, when the opinion of the youth leader deems it appropriate for the health and benefit of my child. In case of an emergency, when a doctor is contacted by the youth leader for treatment of any illness or injury of the camper listed above, I give the doctors, hospitals, nurses, and all medical personnel my permission and full authority to proceed with any treatment, anesthesia, or surgery deemed necessary without further permission in an emergency situation which in the doctor's professional opinion warrants immediate action, I give him/her permission and authority to proceed immediately without attempts to contact me.

I further agree that I will not hold Graymere church of Christ or its youth leaders responsible or liable for any action as directed above or for any accident or injury, or illness which may occur to my child, unless the same occurs as a result of the gross negligence or will misconduct of any representative, employee, or youth leader of Graymere church of Christ.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by the Graymere Church of Christ through its accident policy will be used as a backup for what my family's insurance does not cover.

\_\_\_\_\_  
Signature of Parent/Guardian or Adult Participant  
**(Must be signed in front of Notary)**

State of Tennessee

County of Maury

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_