



GRACE CHRISTIAN ACADEMY
3200 Firewheel Drive, Flower Mound, TX 75028
972-539-7284 www.gcapatriots.org
*Accredited by the National Association of Private Schools
A ministry of Grace Baptist Church*

MINOR MEDICAL RELEASE FORM INFORMATION

As a parent, we've all had to fill out forms relating to our child for school, daycare, sports, camp or whatever their latest endeavor happens to be. The most common form provided by parents with minor children, aside from an immunization record, is a medical release form. A medical release form enables emergency medical personnel to administer emergency health care to your child. Every organization from little league to high school will require a minor child to have a medical release form.

A medical release form is kept on hand by the requesting organization to be provided to emergency medical personnel in the event of an injury or accident. A medical release form will include your child's basic information such as name, address, custodial information, emergency contact names and numbers, and in most cases, a brief medical history and any applicable allergies or conditions. This basic information is followed by one section, which **must be completed and signed**.

The first section is completed to authorize the organization to call emergency medical personnel if necessary and also authorizes the emergency medical personnel to administer treatment to your child. There will be a place for you to name your preferred physician, but you will also be authorizing any physician or hospital to treat your child if none of your preferred contacts are available. Without this section completed, emergency medical care will not be given to your child unless there is a life-threatening occurrence.

If **you refuse authorization** of emergency medical treatment, you **MUST** outline a plan that you are requesting the organization to follow in the event of injury, illness, or other emergency. It is important that you have a thorough plan and one that will work for your family before refusing authorization. However, in a life-threatening emergency, your refusal to authorize emergency personnel to administer treatment may be overruled by medical personnel.

Please complete next page

MINOR MEDICAL RELEASE FORM

Name of Minor (please print) _____ Date of Birth _____

Parent/Legal Guardian _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Insurance Company _____ Primary Insured's Name _____

Group No. _____ I. D. No. _____ Policy No. _____

Doctor's Name _____ Doctor's Phone _____

In the event medical treatment is required, every effort will be made to contact the parent/guardian at the listed numbers.

Contact # in order in which they are to be called:

1st Name & Phone # (indicate cell/home/work)

2nd Name & Phone # (indicate cell/home/work)

3rd Name & Phone # (indicate cell/home/work)

Please indicate any special medical problems, Medicine, injury, or allergies of which we should be aware: _____

This agreement to travel and participate in activities or events sponsored by the Grace Baptist Church/Grace Christian Academy is entirely voluntary on our part. It is also agreed that we will abide by all the rules set down by the sponsor. The Grace Baptist Church/Grace Christian Academy; its employees, and chaperones desire that the above named minor and his/her parent(s) or guardian(s) have a thorough understanding of the implications involved in a minor's participating. For this reason, it is required that each parent or guardian read, understand and sign this agreement prior to the minor being allowed to participate in any activity associated with Grace Baptist Church / Grace Christian Academy.

1. I, the undersigned, as parent(s) or guardian(s), give consent for the minor identified above to participate in activities.
2. I will not hold Grace Baptist Church or Grace Christian Academy, its employees, officers, agents, or anyone acting in its behalf, responsible or liable for injury, damages, or losses occurring to the named minor in the course of such activities or such travel, sustained by the above mentioned minor while participating in any related activities or excursions. I further agree to hold Grace Baptist Church and Grace Christian Academy and any of their employees harmless and bear the cost of their legal defense if any suit or legal or equitable action is brought against any of them as a result of any and all injuries, damages or losses suffered by the above mentioned minor while participating in any activities or trips related to it.
3. I authorize the staff or sponsor of Grace Baptist Church or Grace Christian Academy, bearing this document to act in loco parentis, to secure the transportation of the above listed child and obtain services of a licensed physician to provide the necessary medical care, including anesthesia, for their well being in the course of such activities or such travel.
4. I also agree that the expenses for such transportation and treatment shall not be borne by Grace Baptist Church or Grace Christian Academy, its employees, or anyone acting in its behalf.
5. I accept full responsibility and hereby grant permission for my child to travel by bus, car, or van related to all field trips, Student Conventions, excursions, and camps.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date