

GRACE PRESBYTERIAN CHURCH
Medical & Liability Release
Sept 1, 2016 - Sept 1, 2017



I, the undersigned, am the parent or legal guardian of _____
(a minor child, _____ years of age.)

I hereby authorize **Grace Presbyterian Church at 9720 US Highway 85 N. Highlands Ranch, CO 80129**, its agents, servants, employees, officers and directors, in whose care the minor child has been entrusted by me, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and the hospital care to be rendered to the minor child under the general and special supervision of the Colorado Medicine Practice Act and/or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Colorado Dental Practice Act.

It is understood that this Authorization is given in advance of any specific diagnosis, treatments, or hospital care being required, but is given to proved authority and power on part of Grace Presbyterian Church, its agents, servants, employees, officers, and directors, to give specific consent to any and all such diagnosis, treatment or hospital care which a treating physician and/or dentist in the exercise of his/her best judgment may deem advisable in the event of injury to or illness of the minor.

This Authorization shall remain in effect through Sept 1, 2017 unless sooner revoked by the undersigned in writing, delivered to **Grace Presbyterian Church**. This Authorization will include and cover any and all events, lock-ins, retreats, both off campus and on campus sponsored by the Grace Youth Ministry over the course of the stated year.

I agree to release **Grace Presbyterian Church**, it's agents, servants, employees, officers and directors from liability for any and all costs and expenses, including but not limited to attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which **Grace Presbyterian Church**, its agents, servants, employees, officers, and directors, may pay or become obligated to pay on account of any, all, and every demand for, claim or assertion of liability, or claim or action founded for, arising or alleged to have arisen out of any activity for which this Authorization is given or the use of real property belonging to **Grace Presbyterian Church**, its agents, servants, employees, officers and/or directors, or by any action or omission by the aforesaid minor child.

I also give Grace Presbyterian Church authorization to use my child's picture on any church bulletin board, church publication, or church web page.

[PLEASE SEE REVERSE]



(Parent/Guardian's Signature)

(Date)

(Home Phone)

(Cell Phone)

(Other Phone)

PLEASE PROVIDE ALL APPLICABLE INFORMATION

Other Emergency
Contacts:

Phone: _____

Phone: _____

Family Doctor:

Phone: _____

Ophthalmologist:

Phone: _____

Insurance Company:

Phone: _____

Policy Number:

Primary
Holder: _____

Medications/Allergies:

Current on Tetanus Immunizations?

YES _____ NO _____

Will you allow blood transfusions if physician prescribes?

YES _____ NO _____

Other instructions or information:

