



GSPC Student Ministries

Medical/Liability Release Form

This form must be completed and signed by a Parent/Guardian for any student who wants to participate in any GSPC Student Ministry activities/events. This form will be kept on file with the Director of Student Ministries (DSM) and will be valid for a period of one (1) calendar year from the date on this form. It is the responsibility of the undersigned Parent/Guardian to inform the DSM at GSPC of any changes to the student's personal or medical information.

Students Name: _____

Address: _____

Date of Birth (MM/DD/YYYY): _____

The undersigned(s) being lawful parent(s) and/or guardian(s) of the above-named student (the "Student"), hereby consents to the participation by the student in Good Shepherd Presbyterian Church ("GSPC") Student Ministries ("WAVE" or "DIVE" or "RIPPLE") and all Student Ministry related activities conducted by GSPC.

The undersigned hereby further authorizes any of the staff, employees, volunteers, directors and agents of GSPC to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose service may be needed for such health care; review and, if necessary, disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the Student. Health care shall include but not be limited to the administration of anesthesia, X-Ray examination, performance of operations, diagnostic and other procedures .

If there is no medical emergency, the guardian will first use reasonable efforts to contact the parent(s)/guardian(s) before administering or authorizing any treatment, (excluding that of minor treatments for cuts, abrasions or headaches that do not require attention of medical professionals.)

The undersigned further acknowledges that any GSPC activity may include Student being transported in a personal vehicle, a van or a bus and that those drivers will possess a valid driver's license and insurance.

The undersigned assumes all risk of injury or harm to the Student associated with participation in the Student Ministry activities and agrees to release, indemnify, defend and forever discharge GSPC and its staff, employees, volunteers, directors and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively, the "Claims") in respect of death, injury, loss or damage to the Student or by the Student, howsoever caused, arising or to arise by reason of or during the Student's participation in the activity.

This Consent Form may be revoked by parent(s)/guardian(s) at any time before the expiration date with written notice to GSPC.

Signed on the _____ (day) of _____ (month), 200__

Signature of parent/guardian

Printed name of parent/guardian

Signature of parent/guardian

Printed name of parent/guardian

Student Care/Parent(s)/Guardian(s) and Other Contact

Students Name: _____

Home #: _____

Mother's Name: _____

Work #: _____ Cell # _____

Father's Name: _____

Work #: _____ Cell # _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone #: _____ Additional #: _____

Medical/Health/Insurance Care Information

Student's Doctor Name: _____

Address: _____

Office #: _____ Other #: _____

Health Insurance Company: _____

Group or Policy Number: _____

Telephone #: _____

Medications: _____

Allergies: _____

Other Important Information: _____
