



2023-2024 Youth Ministry Medical Release Form

I _____, legal parent or guardian of _____, a minor, hereby give permission to the leaders of Grace Evangelical Free Church's Youth Ministry to act on my behalf in case of medical emergency for the purpose of getting my child the medical care needed. As the legal parent or guardian, I understand that an attempt will be made to contact me by phone before relying on this authorization. If a leader of Grace Evangelical Free Church's Youth Ministry is unable to reach me by phone, the leaders of Grace Evangelical Free Church's Youth Ministry will proceed with appropriate medical treatment, including making medical decisions on my behalf until I can be reached. I also understand that I am to inform the Associate Pastor of Youth of any changes to our family's insurance policy and that the information given on this form is accurate to the best of my knowledge.

Information to Be Used in Case of Medical Emergency

Current Email Address _____

Father's Phone (h) _____ (w) _____ (c) _____

Mother's Phone (h) _____ (w) _____ (c) _____

Child's Date of Birth _____ Your Child's Cell Phone Number (c) _____

Prescribed Medication _____

Allergies _____

Insurance Company Name _____

Name of Policy Holder _____ Policy # _____

Parent/Guardian Signature _____ Date _____