

# Grace Presbyterian Church

4300 W. Park Blvd. Plano, TX 75093 (972) 596-6233

## Medical/Liability and Publicity Release Form

Valid through August 31, 2020

Participant Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Parent's E-Mail \_\_\_\_\_

Student's E-Mail \_\_\_\_\_

List any known allergies \_\_\_\_\_

Physical Problems/restrictions (e.g. hyperactivity, deafness, etc.) \_\_\_\_\_

Medications \_\_\_\_\_

Additional Comments \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give Grace Presbyterian Church of Plano and/or representatives of Grace Presbyterian Church of Plano the permission to act on my behalf in seeking emergency medical treatment for my child in the event such treatment is deemed necessary. I give permission to those administering emergency treatment to do so using measures deemed necessary. I absolve Grace Presbyterian Church of Plano and its representatives from liability in acting on my behalf in this regard.

Further, I agree to permit our young person's likeness \_\_\_\_YES \_\_\_\_ NO to be used (without names) in group photographs, video, and on Grace Presbyterian's website and social media sites, as related to the Children's/Youth Ministries.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_

In case of emergency, parents will be called first. If not reachable, please list a contact to act on your behalf:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Insurance Information: Company \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Benefit Information Phone Number \_\_\_\_\_