

Grace Presbyterian Church

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

Medical/Liability and Publicity Release Form

Valid through August 31, 2021

Participant Name _____ Birthdate _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Parents/Guardians Email 1 _____ 2 _____

Student's Email _____

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/Guardian Signature _____ Date _____

Cell Phone: Parent/Guardian 1 _____ Parent/Guardian 2 _____

In case of emergency, parents/guardians 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 _____