



**ADULT STUDENT MEDICAL
RELEASE**
for 18-year-old students
effective January 1, 2018 to December
31, 2018

Student Name _____

Birthdate _____

2017-18 School and Grade _____

Address _____

City _____

State _____

Zip _____

Home Phone _____

Student Cell Phone _____

Student Email _____

Father's email _____

Mother's Email _____

Do you use prescription medication? If so, please list the exact medications and the instructions for its proper use:

Do you have any special instructions, diet, allergies, or health conditions of which we should be aware?

While participating in any activity sponsored by the Student Ministries of Grace Bible Church I, the undersigned:

1. Authorize an adult leader of the activity to consent to any x-ray examination; anesthetic; medical, surgical or dental diagnosis or treatment; or hospital care to be rendered under the general or special supervision and on the advice of any physician and/or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or at the said hospital.
2. Will not hold Grace Bible Church or any of its affiliates liable for any illness or accident that occurs to me, or any expense incurred in the treatment thereof.

Signature of Participant: _____ **Date:** _____

Emergency Information:

Name of Hospitalization Insurance _____

Policy/Subscriber Number _____

Father's Name _____

Cell Phone Number _____

Mother's Name _____

Cell Phone Number _____

Other Emergency Contact:

Name _____

Relationship _____

Phone Number _____

