

GRACE COMMUNITY CHAPEL  
MEDICAL CONSENT FORM 2026

Child's Name (Last, First) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Optional Secondary Contact (other than below parent) \_\_\_\_\_ Phone \_\_\_\_\_

PHYSICAL CONDITION (Check if condition needs special attention and specify.)

|   |  |
|---|--|
| <input type="checkbox"/> Frequent Colds         | <input type="checkbox"/> Allergies- please list _____              |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Heart condition                           |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Stomach upsets                            |
| <input type="checkbox"/> Eye, ear, nose, throat | <input type="checkbox"/> Epilepsy or other nervous system disorder |

Others/Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any daily medication(s) your son/daughter is taking on a daily basis AND the dosages.

*(This is for anything we might have to regulate during trips or overnight events.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_**INITIAL HERE** if you give your consent for the Youth Staff to administer "over-the-counter" (OTC) medications to your son/daughter as they deem necessary (i.e. ibuprofen, anti-acid, etc.).

Date of last Tetanus shot \_\_\_\_\_ Are all Vaccines up-to-date \_\_\_\_\_

Any swimming restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_

Any activity restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_ (give details on back of this form)

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I/we, \_\_\_\_\_, the parent (or legal guardian) of the above-named child, hereby give my/our consent for him/her to participate in \_\_\_\_\_. I/we assume all risks and hazards incidental to such participation, including transportation to and from the activity, and I/we hereby waive, release, absolve, indemnify and agree to hold harmless Grace Community Chapel, sponsors, supervisors, organizers and persons transporting my/our child to or from such activity, for any claims out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

I/we, the undersigned parent(s) (or legal guardian) of \_\_\_\_\_ (MINOR), do hereby authorize the youth sponsor/church staff member for the undersigned to consent to any X-ray, anesthetic, medical or surgical diagnosis of, treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital, and I/we hereby waive, release, absolve, indemnify and agree to hold harmless Grace Community Chapel, sponsors, supervisors, organizers, youth sponsor and/or church staff member for any claims out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. I know of no health reason why my son/daughter may not participate in any Youth Department activities.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_