

**GracePoint Church  
Youth Department  
MASTER MEDICAL/LIABILITY FORM**

*This information could be important in the event of an emergency. Please be as accurate as possible.*

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

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Age: \_\_\_\_\_      Grade: \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_      Parent's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent's Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent's email address: \_\_\_\_\_

**PARENT(S)/GUARDIAN(S): You must check line 1 or line 2 to indicate the desired action in the event of an accident or emergency.**

1. \_\_\_\_\_ In the event of an accident or another emergency, when a parent/guardian is unavailable, I hereby authorize a representative of **GracePoint Church** to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is unavailable at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon.

**THE UNDERSIGNED HEREBY AGREES TO BEAR ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.**

Physician's Name: \_\_\_\_\_ Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Group ID No.: \_\_\_\_\_

2. \_\_\_\_\_ I do not choose the above statement and desire that the following action be taken:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*[continued on next page]*

## Health History

Allergies:      Drugs                       Insect Stings                       Food                       Other

If any of the above are checked, please explain and include normal treatment of allergic reaction:

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Conditions:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hay Fever                          | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Frequent Colds          |
| <input type="checkbox"/> Diabetes                           | <input type="checkbox"/> Chronic Asthma      | <input type="checkbox"/> Frequent Stomach Upsets |
| <input type="checkbox"/> Heart Condition                    | <input type="checkbox"/> Motion Sickness     | <input type="checkbox"/> Physical Handicap       |
| <input type="checkbox"/> Epilepsy or other nervous disorder |  |  |

If any of the above are checked, please explain: \_\_\_\_\_

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Name and dosage of any medication you take: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Restrictions:

- Swimming
- Diet
- Activity

Please explain any restrictions: \_\_\_\_\_

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### WAIVER OF LIABILITY

I, \_\_\_\_\_, do fully and expressly release, indemnify, and hold harmless **GracePoint Church**, 801 South Lower Sacramento Road, Lodi, California, its Board, Members, staff, employees, and their assigns from any and all liability for any harm, including, but not limited to, any accident(s), injury(ies), or death, incurred by my child as a result of his/her participation in any event, including, but not limited to, any athletic, recreational, social, or other activity, sponsored or attended by GracePoint Church youth ministries.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name