## MEDICAL RELEASE FORM

As the parent/guardian, I understand and acknowledge that accidents or an acute illness may occur while my child attends Grace Church Salida. In such situations, I understand and acknowledge that immediate steps must be taken to secure my child's health. Accordingly, I hereby authorize the staff of Grace Church Salida to seek immediate medical attention for my child. It is understood that every effort will be made to notify me or the physician listed below before medical services are provided. However, the failure to reach me or the designated physician shall not prevent the application of immediate, necessary emergency medical and surgical care to my child including, but not limited to, arranging for ambulatory care and transportation, injection, anesthesia, or surgery.

I further agree that Grace Church Salida its staff, agents, supervisors, and representatives are hereby released and shall be held harmless in the event of accident, injury, or acute illness to my child. I understand and agree that Grace Church Salida disclaims any and all liability in the unlikely event of injuries or illnesses sustained in connection with my child's participation in Grace Kids. I agree to accept responsibility for payment of any and all medical services provided.

Name of Child:_____ Date of Birth:_____

Address:_____

City:_____ State:_____ Zip:_____

Parent(s)/Guardian(s) Name(s):_____

Home Phone:_____ Cell:_____ Cell:_____

Physician:_____ Phone#:_____

Dentist: _____ Phone#:_____

Emergency Contact List (please list at least one relative or friend in the event you cannot be reached):

1.    Name: _____ Phone #: _____

2.    Name: _____ Phone #: _____

3.    Name: _____ Phone #: _____

This Medical Release Form is applicable during the entire Grace Kids Club Year (September 2016 – April 2017). This document is applicable to both regular club meetings and any off-site activities. This Medical Release Form is completed and signed by my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances by Grace Church Salida and its staff, agents, supervisors, and representatives. I understand and acknowledge that it is my responsibility to update and resubmit this form to Grace Church Salida staff in the event of any changes or modifications.

_____        _____

Print Name                                                                                  Date

_____        _____

Signature                                                                                   Relationship to Child