



# Medical Consent Form

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

Birth Date: \_\_\_\_\_ Sex:  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Notification

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Health History

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Drug Allergies   | <input type="checkbox"/> Insect Sting Allergies | <input type="checkbox"/> Mental Handicap | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Chronic Asthma         | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Cardiac           |
| <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/> Seizures               | <input type="checkbox"/> Hay Fever       | <input type="checkbox"/> Epilepsy          |

If you have checked any of the above, please give details:

### Vaccinations (check all that apply and the date given):

Hepatitis A \_\_\_\_\_  Hepatitis B \_\_\_\_\_  Typhoid \_\_\_\_\_

Yellow Fever \_\_\_\_\_  Meningitis \_\_\_\_\_  Tetanus \_\_\_\_\_

Blood Type \_\_\_\_\_

Activity Restriction (if applicable): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

This health history is correct, so far as I know. I hereby give my permission to the physician, nurse, or dentist selected by Grace Bible Church to secure medical or dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facilities. As a participant, I understand Grace Bible Church is not obligated to carry any insurance to cover those medical and/or dental expenses. If such insurance is carried, coverage will be provided only for expenses in excess of the limits of the participant's insurance. I understand that my personal insurance is my primary coverage

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent and Release from Liability

I desire to participate in Grace Bible Church's \_\_\_\_\_. In consideration of Grace Bible Church providing these activities, I do hereby release Grace Bible Church, its officers, employees, agents, and members of the Board of Elders and Deacons from all claims and causes of action by reason of any injury which may be sustained as a result of these church activities, whether on church premises, on the way to or from activities/mission field, or at the mission site.

This authorization shall remain effective until revoked in writing and delivered to Grace Bible Church.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_