

## Greentree Community Church Parental Consent and Medical/Liability Release Form

The undersigned is the parent and/or legal guardian of \_\_\_\_\_, a minor, who is now under my control and custody. I grant my child permission to go on and participate in the stated activity: *<place name or description and date of event or activity here>*. In consideration of my child being permitted to participate in such an activity, I hereby release, forever discharge and agree to hold harmless Greentree Community Church and any and all staff or volunteers thereof from any and all liability, claims or demands and expenses of any nature whatsoever which may be incurred by the undersigned and the participant.

We (I) do hereby grant permission of Greentree Community Church staff to take said participant to a physician or hospital, and hereby authorized medical treatment including but not in limitation to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical services rendered to our (my) child pursuant to this authorization.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature Parent and/or Legal Guardian

\_\_\_\_\_  
Print Name Parent and/or Legal Guardian

\_\_\_\_\_  
Address & Zip

\_\_\_\_\_  
Phone (Home, Cell & Work)

Medical information List any drug allergies: \_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_

Health History that would be helpful: \_\_\_\_\_  
\_\_\_\_\_

### Healthcare Benefit Information

*Submit at your own discretion. Greentree Community Church will treat any healthcare benefit information as very confidential. This information will only be submitted to a healthcare provider in the event of an accident or illness for which your child needs medical attention. This form will be destroyed upon returning from event/trip/activity.*

Name of Policy Holder (parent) \_\_\_\_\_

### Provider Info

Healthcare Provider: \_\_\_\_\_ Group # \_\_\_\_\_

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

Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_