



**Student**    **Birthdate**  **Gender**

*(last) (mi) (first) mm/dd/yy*

**Address** **Home Phone**

Primary Male Adult Contact	Primary Female Adult Contact
<i>Name</i>	
<i>Relationship</i>	
<i>Preferred Email Address</i>	
<i>Cell Phone</i>	
<i>Employer</i>	
<i>Work Phone</i>	

**Emergency Contacts**

Please be sure to list the first name, last name, and number for two emergency contacts to be used in the event that neither of the Primary Adult Contacts can be reached.

\_\_\_\_\_  
(first name) (last name) (phone)

\_\_\_\_\_  
(first name) (last name) (phone)

**Doctor**

Please be sure to list the first name, last name, and the office phone number for your student's doctor.

\_\_\_\_\_  
(Doctor's First & Last Name) (phone)

**Medical Insurance Provider** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Medical History**

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

Does student have any allergies?  Yes  No If Yes, Please describe: \_\_\_\_\_

Please list all current medications, health concerns or other pertinent information: \_\_\_\_\_

I understand that in the event my student \_\_\_\_\_ requires medical treatment while under supervision of Greentree Community Church staff, reasonable efforts will be made to contact me or my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the GTCC staff or any adult counselor acting on behalf of Greentree Community Church, to consent to any x-ray examination, medical, dental, or surgical diagnosis, treatment and hospital care as an outpatient or in any hospital, including transportation by ambulance. To the best of my knowledge, I have listed all of my student's allergies, medications, health concerns and other pertinent information.

I hereby give permission for my student \_\_\_\_\_ to participate in activities organized by Greentree Community Church during the **Guatemala Missions Trip, June 4-11, 2012**. I hereby release, hold harmless and absolve GTCC, its officers, staff, sponsors, vendors, and all others who have participated in the planning, organizing, and implementing of the activity, be they individuals or organizations, single or collectively, from responsibility, loss, cost, damage and liability for or by reason of any illness, injury, death, misadventure, harm, loss or inconvenience suffered or sustained by my student in the activity.

By signing this form, I understand and agree that my student may be sent home at my expense if it is determined that my student has engaged in disruptive behavior or broken any rules during the activity. Any damage to property or injury to others caused by my student will be the financial responsibility of the student's parent or legal guardian.

Greentree Community Church may use photos of my student in press releases, advertisements, print publications, electronic publications (including our website) and/or television coverage of church activities.

\_\_\_\_\_  
(father / guardian signature) (date) (mother / guardian signature) (date) (student signature) (date)