

S. M.E.R.F. (Student Medical Emergency Release Form)

GCPC Youth

2016-2017

Name	
Grade	
Birthdate	
Address	
Parent's Cell Phone	Text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent's Home Phone	
Parent's contact Email	
Student's Email	Mailing List? <input type="checkbox"/> Yes <input type="checkbox"/> No
Student's Cell Phone	Text? <input type="checkbox"/> Yes <input type="checkbox"/> No
INSURANCE CO.	
Student is allergic to the following drugs: (If none, please state)	
Student has the following medical condition: (If none, please state)	
Emergency Contact Name/Phone	

Mid High (6th – 8th)

I wish to receive event updates via email: Yes No

Senior High (9th – 12th)

I wish to receive updates via text message: Yes No

Medical Release: In case of emergency, I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby give an agent of Grace of Christ Presbyterian Church the permission to act in my behalf to seek emergency medical treatment for my child / dependent in the event that such treatment is deemed necessary by him/her. I give permission to any licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deems necessary in the circumstances, and hereby absolve Grace of Christ Presbyterian Church, its agents and employees, from any and all liability resulting from their performance with these instructions.

Signature of parent or legal guardian

Emergency Contact Person and Phone Number

Photo Release: I give permission for photographs of my student to be used in Grace of Christ Presbyterian Church and Youth Ministries publications and advertisements on paper and on the web. I understand that photos may be posted within the church or on powerpoint slides.

Signature of parent or legal guardian