



G-force

G-Force Permission Form

MEDICAL ASSISTANCE & RELEASE

Student's Name _____ Age _____

Home Phone () _____ Birth Date ___/___/___/ Grade Completed _____

Emergency phone number () _____ Cell () _____

Parents Names _____

Address _____ City _____ State ____ Zip _____

E-Mail (optional) _____

I give permission for my above named child to participate in activities with The Table Community Church. I give permission for the above named child to travel in a car or van with Table Community Church staff and volunteers. I release, indemnify and hold harmless Table Community Church (TCC), and its staff, sponsors, advisors, volunteers, officers, directors, and agents from any and all liability, suits, claims, damages, and expenses relating to or arising from my child's participation in TCC related activities for a period of one year, beginning on the date signed below, including but not limited to illness, injury, and property damage. In the event of an emergency, I hereby authorize adult leaders of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care including anesthesia advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I understand that The Table Community Church cannot assume responsibility for medical expenses for my child and agree to pay any such expenses incurred with respect to such medical emergency. I expect to be contacted as soon as possible. Intending to be legally bound, and to bind my child and my heirs, assigns, and personal representatives, I have signed below.

Signature of natural mother or legal guardian _____

Date ___/___/___/

Signature of natural father or legal guardian _____

Date ___/___/___/

MEDICAL INFORMATION

Allergies _____

Medications being taken _____

Physical handicaps or limitations _____

Medical insurance company _____

Policy Number _____

Member's name _____

