

**Action Company Middle School Ministry – Grace Brethren Church of Long Beach
Emergency Authorization & Information: valid through June 1, 2010**

Student's Name _____ Home Phone () _____

Birthdate ____/____/____ Grade _____ male female

Address _____ City _____ Zip _____

Parents' Names _____ Cell/Work Phone () _____
_____ Cell/Work Phone () _____

Emergency Contact: _____ Phone () _____
(if unable to reach parent):

Does student have any activity restrictions? _____
(Team or water sports, rock climbing, skiing, etc.)

Family Physician/Pediatrician: _____ Phone # () _____

Allergies, medications, medical conditions, or physical problems: _____
_____ Date of last tetanus shot: ____/____/____

Authorization for Emergency Medical & Dental Treatment

The undersigned parent or legal guardian (if the student named above is a minor), or student (if over 18 years of age), herein authorizes the adult sponsor of the Grace Brethren Church of Long Beach or any responsible adult bearing this written authorization into whose said care he/she has been entrusted, to administer any non-prescription over-the-counter medication not excluded above, and to consent to any x-ray examination, anesthetic, medical, dental, surgical diagnosis or treatment and hospital care to be rendered to said student under the general or special supervision and upon the advice of a physician, surgeon or dentist, licensed under the provisions of the California Medicine Practice Act or California Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist in the exercise of his best judgment may deem advisable.

This authorization shall include transportation to receive medical or dental care. Medical or dental emergencies which occur outside the Long Beach city limits will be treated at the nearest hospital, medical or dental facility whether or not student's insurance applies at such a facility, and student/parents assumes total financial responsibility for payment of all such services.

Insurance Carrier _____ Name of Insured _____
(if uninsured, write "none" - do not leave blank)
Phone () _____ Policy/Acct/Group # _____

➔ **Parent or Legal Guardian's Signature** _____ Dated _____
(students over 18 years old must sign their own form)

I, the undersigned parent or legal guardian (if the student named above is a minor), or student (if over 18 years of age), understand and agree that the adults supervising Grace Brethren Church youth-related events retain the right to send the student home from an event if he/she is guilty of major or persistent insubordination (examples include, but are not limited to, drug or alcohol use, sexual impropriety, and violence). I further agree that I will be liable for any transportation expense incurred in accordance with this policy. I understand that parents will be notified prior to the student being sent home, and from the moment he/she departs from the event location, whether in public or private transportation, he/she will no longer be the church staff's responsibility.

➔ **Parent or Legal Guardian's Signature** _____ Dated _____
(students over 18 years old must sign their own form)

Grace Brethren Church has taken reasonable steps to provide trained adult staff and volunteers to oversee youth events so the student can participate in activities for which he/she may not be skilled. We do not want to frighten you or reduce your enthusiasm for youth ministry activities, but it is important for you to be informed and know in advance about inherent risks. Certain risks cannot be eliminated without destroying the unique character of those activities (including but not limited to: skate boarding, team and water sports, camping in rural settings, physical games, etc). The same elements that contribute to the activity's character can be the cause of loss or damage to your property, accidental injury or illness, or in extreme cases, permanent trauma or death. By signing below, you agree to release and hold harmless Grace Brethren Church, its agents or employees for any and all claims for injuries, causes of action, or liability related to the student's participation in any activity occurring at, on, or around Grace Brethren Church or off-campus youth events. This release does not apply to intentional or willful acts of misconduct by GBC staff, agents or employees.

➔ **Parent or Legal Guardian's Signature** _____ Dated _____
(students over 18 years old must sign their own form)