



ANNUAL MEDICAL FORM

January 1 – December 31, 2024

Name _____ Birthday _____ Grade _____

Address _____ School _____

City/State/Zip _____

Cell Phone _____

Parent's Name _____ Parent's Cell Phone _____

Medical Information

Family Physician _____ Chart # _____

Clinic _____ Phone _____ Emergency Phone _____

Insurance Company _____ Policy # _____

Member's Name _____ Ins. Company Phone _____

Allergies _____

Medications to be taken _____

Physical Handicaps or Special Conditions _____

Medical and Surgical Waiver

Also: Property Damage, Transportation for Disciplinary Reasons and Personal Property Searches

I am the parent and/or legal guardian of _____ and hereby acknowledge that he/she is under my care, custody, and control. ^(Student's name) In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to Grace Baptist Church staff, its representatives, sponsors, or attending physician, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in their sole discretion be necessary and proper under the circumstance. I understand that every attempt will be made to contact me in the event of an emergency. I, the undersigned parent and legal guardian of the above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless Grace Baptist Church, or its representatives, the sponsors, or any attending physician, from any and all actions, causes of actions, related risks, and dangers, including negligence, damages, liabilities, arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

I also assume any financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons.

I also give my permission to the Grace Baptist Church staff, its representatives, and the adult sponsors, and chaperones to search my child's personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary on rare occasion for security reasons.

Signature of Parent or Guardian

Date

**State of Tennessee, County of _____ sworn
to and subscribed before me this _____ day of
_____, 2024.**

Notary Public for Tennessee

Commission Expires _____

