

# Medical Release & Permission Form

This form is valid for every event hosted by the Gateway Church of Christ beginning January 1, 2026 until Dec 31, 2026

**Please print in ink and SIGN the back of this form (you and child) before you turn it in.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle MM DD YY

Grade: \_\_\_\_\_  Male  Female Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ T-Shirt Size: (Circle only one) S....M....L....XL....XXL Student Cell: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required an account thereof. **Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.**

**Check the following areas of concern for this student. If necessary, add another page with additional details:**

1. Does your child have allergies to:

- Pollens  medications  food  insect bites/stings

Details:

2. Does your child suffer from, or has ever experienced, or is currently being treated for any of the following:

- asthma  epilepsy/seizure disorder  heart trouble  diabetes

- frequently upset stomachs  physical handicap

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

4. Does your child wear:  glasses  contact lenses  neither

5. Please list and explain any major illnesses the child experienced in the last year:

6. Should this child's activities be restricted for any reason?  YES  NO

If yes, please explain:

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**For your information, we expect each student to conform to these rules of conduct.**

- No offensive or immodest clothing
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Par-

**Students who fail to comply with these expectations may be sent home at their parents'/guardians' expense.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in Gateway activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in Gateway activities.

Name of Student

This consent forms gives permission to seek whatever medical attention is deemed necessary, and releases the Gateway Church of Christ and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Gateway Church of Christ. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its ministers, adults, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personal designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider or if I/we do not carry any health insurance. Further, I/we affirm that the health insurance provided above, if applicable, is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth ministries staff member.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit in writing any changes that occur in your health insurance policy.**

Gateway Church of Christ  
Seth Madaris, Youth and Family Minister  
Cell: (334)764-3057