

GSC Summer Release Form

GENERAL INFORMATION	Date: _____
Child's Name: _____	
Mailing address: _____	
City: _____ State: _____ Zip: _____	
Birth date: _____ Age: _____ Grade: _____	
Parent's Name: _____	
Home phone (____) _____	
Cell Phone (____) _____	

EMERGENCY CONTACT INFORMATION
If parent or legal guardian is not available in case of an emergency, please contact: (someone not living in the same household)
Name: _____
Day phone: (____) _____
Evening phone (____) _____
Relationship: _____
Physician name: _____
Physician phone: (____) _____

MEDICAL INFORMATION
MEDICATIONS:
Prescriptions medication:

ALLERGIES
Asthma _____
Inhaler: <u>Yes/No</u>
Food, animals, insects, etc

MEDICATIONS ALLEGRIES
Penicillin _____
Amoxicillin _____
Sulfa _____
Ceclor _____
Any other

This form must be signed. I do hereby consent for the above child to travel with the GSC SWIFT Youth Team as an attendee to all activities at Camp copass, Denton TX and the GSC Center, Corinth, TX on August 5th through 11th and do hereby waive all claims against Glory of Zion Outreach Center and Glory of Zion International Ministries, Inc. and their representatives during the above referred periods of time of any injuries that may be sustained by myself and agree to indemnify and hold said person(s) free and blameless from liability therefore.

We hereby consent and grant organizers/chaperones and including any other person(s) involved with the GSC SWIFT Youth Summer Events all rights and authority to act for us in any manner pertaining to the care and control of said minor child named above during the above referred period of time. I understand that if an emergency arises, efforts will be made to contact me.

In case of emergency, I hereby give permission to the physician, selected by the organizers/leaders to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for myself during the above referred period of time. I do hereby waive all rights to prosecution against said person(s) should an accident in which I am involved occurs.

X _____ Date: _____
Student Signature

X _____ Date: _____
Signature of parent or legal guardian