

# GN STUDENTS RELEASE AND CONSENT

Important: Please attach a copy of your insurance Card

## Good News Church

400 Executive Blvd

Leesburg, FL 43748

352.315.1695

rod@goodnewschurchcf.org

For your consideration of the acceptance of my application, I do, hereby, for myself, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which I may hereafter accrue to me against **Good News Church of Central Florida, INC.**, for all any and all damages and liabilities which may be sustained and suffered by me in connection with my association with and/or arising out of my traveling to, participating in, and returning from any activity sponsored by **Good News Church of Central Florida, INC.**

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his or her physician and surgeons. The intention hereof being to grant authority and to perform all and singularly any examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary.

In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below.

### Participant's Information: (please print clearly)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Student Cell: \_\_\_\_\_ Student Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Emergency Telephone Numbers:

Home: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Parent Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Participant** (If 18 or older) or Parent or Guardian (please do not sign without a notary present)

**Signature:** \_\_\_\_\_

### Notary Information:

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

A Notary Public in and for \_\_\_\_\_ County, State of \_\_\_\_\_,

Signature (Notary Public): \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

# GN STUDENTS RELEASE AND CONSENT

Important: Please attach a copy of your insurance Card

## Good News Church

400 Executive Blvd

Leesburg, FL 43748

352.315.1695

rod@goodnewschurchcf.org

### Medial Information: (please print clearly)

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance Information:

Medical Insurance Carrier: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Benefit Code: \_\_\_\_\_

Account / ID Number: \_\_\_\_\_

### Medical History:

Allergies: \_\_\_\_\_

---

Medications Currently Taking: \_\_\_\_\_

---

Chronic or existing diseases or medical conditions: (i.e. diabetes, epilepsy, etc.)

---

---