



**GRACE**  
BIBLE CHURCH

1300 South Maple Road  
Ann Arbor, MI 48103  
734-663-0589

# ADULT STUDENT MEDICAL RELEASE

for 18-year-old students

Effective January 1, 2021 to December 31, 2021

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Current grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Student Cell Phone \_\_\_\_\_

Student Email \_\_\_\_\_

Father's email \_\_\_\_\_

Mother's Email \_\_\_\_\_

**Do you use prescription medication? If so, please list the exact medications and the instructions for its proper use:**

**Do you have any special instructions, diet, allergies, or health conditions of which we should be aware?**

While participating in any activity sponsored by the Student Ministries of Grace Bible Church I, the undersigned:

1. Authorize an adult leader of the activity to consent to any x-ray examination; anesthetic; medical, surgical or dental diagnosis or treatment; or hospital care to be rendered under the general or special supervision and on the advice of any physician and/or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or at the said hospital.
2. Will not hold Grace Bible Church or any of its affiliates liable for any illness or accident that occurs to me, or any expense incurred in the treatment thereof.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Information:**

Name of Hospitalization Insurance \_\_\_\_\_

Policy/Subscriber Number \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

**Other Emergency Contact:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_