



Gateway Church

International

Rick Rapp, Pastor

Changing lives to Change the World!

Awakening Youth



Caleb Pack, Youth Pastor

Medical Release for 2024 Awakening Day and/or Encounter Mission

Name of Student: _____ Grade: _____

Date of Birth: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Phone: _____ Mother's Phone: _____

If parents are unavailable, please contact the relative/friend below:

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Comments regarding medical history, allergies, penicillin or drug reaction etc : _____

Insurance Company: _____ Policy #: _____

Phone Number: _____ Address: _____

In case of an emergency, I understand that reasonable efforts will be made to contact me. If I cannot be reached, I, as guardian of the above child, hereby give Gateway Church International the permission to act on my behalf in seeking emergency treatment for my child in the event that Gateway Church International deems such treatment necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Gateway Church International from any and all liability, claims demands of actions, or cause of actions whatsoever arising while acting on behalf whether damage loss, or injury to the above named student and the above student's property while upon the premises of Gateway Church International, traveling with, or engaged in a church sponsored trip as a result from the negligence of the Church, its agents, servants, and employees.

Signature of Parent and/or Guardian: _____ Date: _____