



**Gateway Church**

*International*

**Rick Rapp, Pastor**

Changing lives to Change the World!

**Awakening Youth**



**Caleb Pack, Youth Pastor**

**Medical Release for 2026 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: \_\_\_\_\_