

Permission Slip For

# Grace Bible Church Youth Event

Event Name: \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

I give permission for my above named child(ren) to join the Youth Ministry of Grace Bible Church to participate in the above stated event, on \_\_\_\_\_. (MM/DD/YYYY)

I know that they will be traveling to and from the event in the church van and/or in church-approved vehicles with adults who are approved drivers.

I hereby release Grace Bible Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of parent or legal guardian: \_\_\_\_\_

Date of signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Secondary/Emergency phone (optional): \_\_\_\_\_

Child's Medical Information (REQUIRED):

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

Medications being taken: \_\_\_\_\_

Physical handicaps or limitations: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Member's name: \_\_\_\_\_