

True Grace Church Permission Form

My child, _____, has permission to participate in True Grace Church event _____ and may be transported by church buses or parent/staff member vehicles.

True Grace Church will take all reasonable precautions to protect the health, safety, and well being of your child on all events and activities. Occasionally, True Grace Church takes photographs or makes audio/video recordings of youth and/or adults at events to be used in future promotional materials. As parent/guardian, I hereby relinquish liability on the part of True Grace Church and all its leaders for loss or injury while on an activity. True Grace Church is not liable for any losses to your child (including injury) whether negligence on the part of True Grace Church, its leaders, or any other party involved.

In the event of an emergency in which a pastor of True Grace Church, parent, or leader perceives my child to need medical assistance, I hereby authorize the above to secure immediate assistance and treatment from the nearest physician, medical clinic, or hospital. Treatments may include (but are not limited to) x-rays, injections, anesthesia, or surgery. I understand that every attempt will be made to contact me. In the event that I cannot be contacted, I hereby authorize emergency personnel and physicians to treat my child.

Father's name

Mother's name

Father's contact number

Mother's contact number

Emergency contact name

Contact number

Signature (Parent or Legal Guardian)

Date

Please explain in detail any allergies or medical condition on the reverse of this form