

# PARENTAL PERMISSION / MEDICAL RELEASE FORM

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Parent(s) home phone # \_\_\_\_\_ Business phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

## To whom it may concern:

The undersigned does hereby give permission for our (my) child,

\_\_\_\_\_, to attend and participate in  
(Name of child)

all activities sponsored by GraceChurch of Columbia Youth Ministries Program during the annual year beginning January 1, \_\_\_\_\_ and ending December 31, \_\_\_\_\_. We (I) understand that these activities will require transportation to and from the church, further, I consent for him/her to take advantage of the transportation provided by church.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatments, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in youth trips sponsored by GraceChurch of Columbia Youth Ministries Program.

Hospital Insurance  Yes  No

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Emergency phone numbers:  
\_\_\_\_\_

\_\_\_\_\_  
Participant Date

\_\_\_\_\_  
Father Date

\_\_\_\_\_  
Mother Date

\_\_\_\_\_  
Legal guardian Date

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On the reverse side of this page, please list any allergies or special medical problems your child may have. Thank you.