GHFC Student Ministries Parent Release Form – June 2026-June 2027

Student's Name | Date of Birth | M F Sex

Parent's/Guardian's Name | Parent's/Guardian's Name

( ) Cell Phone | Email Address | ( ) Cell Phone | Email Address

Address | Address

City, ST, ZIP Code | City, ST, ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact | Secondary Emergency Contact

( ) Home Phone | ( ) Work Phone | ( ) Home Phone | ( ) Work Phone

Address | Address

City, ST, ZIP Code | City, ST, ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name | Phone Number

Insurance Company | Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

I give permission for my child to participate in church events. I release Granada Heights Friends Church and individuals from liability in case off accident during activities related to Granada Heights Friends Church, as long as normal safety procedures have been taken.

Father's/Guardian's Signature | Date

Mother's/Guardian's Signature | Date

Granada Heights Friends Church
11818 La Mirada Blvd., La Mirada, CA 90638 (562) 943-7255
www.ghfc.org