



Permission Slip

I hereby certify I am the parent/legal guardian of _____
(name of student), and I give him/her permission to participate in all activities and events with the Grace Church youth group both on and off-site of Grace Church. I give permission for his/her photograph to be taken at any such events to be used for publicity purposes unless otherwise indicated on the Social Media/Phone Opt Out Form.

I authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in the case of an emergency. I agree not to hold Grace Church, its leaders, employees, and volunteer staff liable for damages, losses, or injuries incurred by the subject of this form sustained as a result of or during any such events or activities, including transportation to and from the event or activity.

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Printed Name: _____

Date: _____

Student's Date of Birth: _____

Insurance Company & Policy Number: _____

Important medical information/allergies: _____

Medication(s) you may be providing to church staff for treatment: _____

Emergency phone numbers of parents: _____
