



ONE YEAR PERMISSION SLIP

Parent Consent / Medical Release Form

January 1, 2019 to December 31, 2019

Student Name

Birthday

2018 School and Grade

Address

City

State

Zip

Home Phone

Student Cell Phone

Student Email

Father's email

Mother's Email

Name of Hospitalization
Insurance

Policy/Subscriber
Number

Does your child use prescription medication? If so, please list the exact medications sent and the instructions for its proper use:

Does your child have any special instructions, diet, allergies, or health conditions of which we should be aware?

The undersigned give(s) permission for our (my) child to attend and participate in the any and all activities sponsored by the Student Ministries of Grace Bible Church. While our (my) child is participating in approved activities:

1. 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 treatment; or hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician and/or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or at the said hospital.
2. We (I) also give permission for our (my) child to ride in any vehicle driven by an authorized adult appointed by the student ministry leadership staff while attending and participating in an activity sponsored by the ministry.
3. We (I) will not hold Grace Bible Church or any of its affiliates liable for any illness or accident that occurs to my child, or any expense incurred in the treatment thereof.

Authorized Signature(s):

Father (or Legal Guardian):

Printed Name

Signature

Cell Phone Number

Mother:

Printed Name

Signature

Cell Phone Number

Other Emergency Contact:

Printed Name

Relationship to Child

Phone Number

