



PARENTAL CONSENT & EMERGENCY MEDICAL RELEASE FORM

Name Birth Date Age Grade Address Home Phone City State Zip School Emergency Contact Phone Relationship

This form enables Parents/ Guardians to authorize the listed provisions of emergency treatment for children who become ill or injured while under the Grace Church, Inc., authority when Parents or Guardians cannot be reached.

The undersigned is the parent or lawful guardian of and does hereby give permission for the above minor child to participate in any and all activities sponsored by the Grace Church, Inc., through July 1, 2012.

(Signature) Date

In the event that reasonable attempts have been made to contact me at (phone #) or my designated emergency contact (listed above) at (phone #) have been unsuccessful, I hereby give my permission and consent to any medical treatment that may be required to the above minor child and authorize an adult, in whose care the minor has been entrusted, to consent to any medical care to include any X-Ray examination, anesthetic, medical, surgical or dental diagnosis or treatment.

I also agree to waive any and all rights and claims for damages that I or my spouse may have against the trip sponsor, it's agents, employees and representatives for any and all injury, damage, or loss sustained by the participant arising directly or indirectly out of any participation in an event up to July 1, 2012.

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

Should it be necessary for our (my) child to return home due to a medical reason or otherwise, the undersigned shall assume all transportation costs.

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 attending and participating in the activities sponsored by the Grace Church, Inc.

Signature Date (Parent/ Guardian)

Hospital Insurance Yes No

Insurance Company Policy Number (Participant/child) (Father) (Mother)

Please list any allergies or medical conditions:

Please list any medications that your child is taking, prescription and/or over-the-counter.