Permission/Medical Release 2015/2016

STUDENT'S NAME:____**BIRTHDATE:**______________________

STUDENT'S EMAIL:_______________________________________**CELL PHONE:**________________________

SCHOOL NAME:____**GRADE:**______ **MALE/FEMALE**________

I give permission for my above named son/daughter to participate and travel with Community of Grace Youth Ministry from June 1, 2015 to August 31, 2016 for all events, retreats and trips.

I hereby release Community of Grace, its staff and sponsors, from responsibility and liability for any injury or illness that my son/daughter may sustain while participating in any Youth Ministry sponsored event, retreat, trip, and/or gathering.

In the event of an emergency, **I hereby authorize** one of the adult leaders from Community of Grace to serve as agent for me, to consent to an x-ray exam, medical, dental, or surgical diagnosis, treatment and/or hospital care. Care must be provided by a physician, EMT, RN, surgeon, dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. **I expect** to be contacted as soon as possible.

I also give my permission for my child's image to be used in any Community of Grace publications, promotional materials, Grace website and/or slide shows.

____home phone #:_________________
(signature of parent and/or legal guardian) (date) work #:______________________
cell #:______________________

Home Address, City, Zip:____

Person(s) to contact in the event of an emergency: ______________________________Phone #: ______________________

Person(s) to contact in the event of an emergency: ______________________________Phone #: ______________________

Medical Insurance Company: ________________________________Policy #:____________________________________

Policy Holder's Name: ___________________________________

Diet Limitations: _________________Allergies: _____________________Current Meds being taken:____________________

YOU ONLY NEED TO FILL OUT THIS FORM ONCE TO BE INCLUDED IN THIS YEAR'S ACTIVITIES. FORMS WILL NEED TO BE UPDATED WHEN YOUR INFORMATION CHANGES. ALL STUDENTS ARE REQUIRED TO HAVE A FORM ON FILE TO PARTICIPATE.