



**Grace Student Ministries**  
**Parent Consent Form and Emergency Medical Release Form**  
**September 22, 2017 to September 30, 2018**  
**(to be completed by parent or guardian)**

My son/daughter, \_\_\_\_\_, has my permission to participate in the youth activities sponsored by Grace Evangelical Free Church for the dates noted above. I do further give my permission to teachers, leaders or other adult staff to obtain and administer such medical aid as might be required for the immediate care of my son/daughter in the event such help of an emergency nature becomes necessary. I also give my permission to include the administration of such medicines or treatment as might be ordered or administered by a duly licensed physician. It is further understood that the church, its officers, pastors, counselors, leaders or agents will not be held liable for any first-aid rendered, or treatment, drugs or medicines administered, or surgical procedure performed pursuant to this consent. I also give permission for the youth pastor and volunteers to provide basic biblical counseling to my child. Parents will be consulted in the event that ongoing counseling is needed.

My son/daughter is allergic to the following: \_\_\_\_\_

My son/daughter has the following medical conditions: \_\_\_\_\_

As a parent or guardian, I hereby consent to the use of photographs/videotape taken during the course of Grace Youth activities for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use or for damages.

Yes, I give consent       No, I do not consent for any event

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate emergency contact person and phone number if you are unavailable:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name & Phone: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_