



**Grace Student Ministries**  
**Parent Consent Form and Emergency Medical Release Form**  
**September 7, 2018 to September 7, 2019**  
**(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.

*This permission includes transportation to, supervision during and transportation back from off-site Grace-sponsored activities. All off-site activities will be communicated to the parents prior to the event and will always have at least two Grace Church leaders present. But, a separate activity form will not be necessary if this is on file.*

\_\_\_\_\_ (initials)

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: \_\_\_\_\_