Youth Ministry Parental Permission Form

GBC Youth Ministry Medical Consent with Liability & Photo Release Form

Medical Consent with Liability Release

The undersigned being the lawful p	arent(s) and/or guardian(s) of			
activities conducted by Grace Bible child in all events.	, hereby consen Church (the "Organizer": it				
The undersigned hereby further au for, approve and authorize any heal physicians, dentists, nurses, or othe disclose the contents of any medical incident to the provision of medical administration of anesthesia, X-ray	th care at any hospital, eme or person whose services m I records; execute any cons , surgical or dental care of t	rgency room, do ay be needed for ent form required he child. Health o	ctor's office or othe such health care; r d by medical, denta care shall include b	er institutio review and i al or other h out not limit	n; employ any if necessary lealth authorities led to the
If there is no medical emergency, the before administering or authorizing		asonable efforts	to contact the pare	ent(s) and/o	or guardian(s)
Notwithstanding other provisions i sustaining procedures for the child.		nizer shall not h	ave the authority t	o withhold	or withdraw life-
The undersigned assume(s) all risk release, indemnify, defend and fore claims, demands, damages, costs, et loss or damage to the child or by th in the activity.	ver discharge the Organizer openses, actions and causes	and its staff, em of action (collect	ployees and agents tively the "Claims"	s of and fror) in respect	n all liability, to death, injury,
This consent form may be revoked	at any time with written no	tice to the Organi	izer.		
Name (Print):					
Signature of Parent/Guardian (Circ	le one):				
Name (Print):					
Signature of Parent/Guardian (Circ					
Signed on					(State).
Youth Information					
General Info					
Name:	Nicknam	e:	DOB:		Age:
Address:		City:	St	ate:	_ Zip:
Phone – H:	W:		C:		
Email:					
Grade:School:					

Emergency Contact Information

Primary

Name:	Relationship:		
Address:	City:	State:	Zip:
Phone – H: W:		C:	
Email:			
	Secondary		
Name:	Relationship:		
Address:	City:	State:	Zip:
Phone – H: W:		C:	
Email:			
Medical/Health Insurance Card Info	ormation		
Child's Doctor Name:			
Address:	City:	State:	Zip:
Phone - Office:			
After Hours:			
Health Insurance Company:			
Group Policy Number:			
Phone:			
Personal Medical Information			
Medications:	Allergies:		
Immunizations:	Special Conditions:		
Photo Release			
r noto nelease			
Grace Bible Church Youth Ministry takes photos and we photos/videos are to encourage the ministry, to advert the photos and videos are primarily meant for use on through the announcements before and after each Surthe purposes and contexts mentioned above.	tise it to other young people an the church website, Youth Min	nd for historical purpo istry's Facebook page,	oses. The implementation blog and within the churc
I hereby grant Grace Bible Church the right to use promotion, or any other lawful purposes. I waive parent/guardian of the minor and have the legal a	my right to inspect or approve	the final version of pie	
I do not grant Grace Bible Church the right use an	y photos of my son/daughter f	or any purpose whatso	oever.

It is the parent's responsibility to notify Grace Bible Church with updates to this Parent Permission Form.