PERMISSION/MEDICAL RELEASE FORM

I am the parent/guardian of _____ Date of Birth_____
(Full Name of child)

PARENT/GUARDIAN SIGNATURES

I authorize my child's participation in any activity that will take place during the _____ _____, on _____ with Grace Brethren Church. By signing this document I certify that I have legal custody of the child listed on this form. I also certify my child has a current health information form on file at Grace Brethren Church and that if any information on that form has changed since submitting it, I will turn in a health information form with updated information for this trip.

I give permission for the adult leaders from Grace Brethren Church Staff to seek medical treatment for my child. In the event of an emergency, I consent for my child to receive such medical treatment and/or surgical procedures deemed necessary by medical personnel. I hold harmless and fully and forever release and discharge Grace Brethren Church, all officers, agents and volunteers and or employees or staff of Grace Brethren Church from any and all claims, demands, rights of action, present or future, whether the same be known, anticipated or unanticipated, resulting from, or arising out of, or incident to, the providing of this medical assistance.

I assume liability for any medical expenses involved. The insurance coverage (if any) that we carry will be the primary coverage for my child. I understand that every reasonable effort will be given to contact me as soon as possible should an emergency arise.

This release shall be in effect during the time that the above named minor is in the care and custody of Grace Brethren Church; and shall include but not be limited to transportation to and from activities sponsored by Grace Brethren Church.

_____ _____
Father’s Signature or Guardian Date

_____ _____
Mother’s Signature or Guardian Date