



## NEW GRACE CHURCH YOUTH MINISTRY PERMISSION SLIP AND MEDICAL RELEASE FORM

This form helps us get to know and minister to your student. Your signature here gives your teen or pre-teen permission to participate in any Youth Ministry event on or off the church campus for the 2009/2010 School Year.

By signing this consent form I hereby agree that I am the parent or legal guardian of the student identified below, and I consent to my child's participation in the events or activities presented.

**Parent/Legal Guardian' Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Student: _____	Parent(s) email _____		
Address _____			
Phone (H) _____	(W) _____	(C) _____	
Student Grade _____	Height _____	Weight _____	Date of Birth _____
Allergies _____			
Daily Medications _____			

**Emergency Contact Name** \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

In the event that I, or my listed contact person cannot be reached, I authorize the administration of emergency medical treatment for my child.	
My child's physician is _____	Phone _____
Medical Insurance Company _____	
Group # _____	Policy # _____
Name of Policy Holder _____	

### FOR STUDENT ONLY:

I agree NOT (a) to use alcohol, illegal drugs, tobacco products, (b) to engage in sexual conduct of any kind, or (c) to possess a weapon at anytime during the activity. I also agree to abide by any other rules established by New Grace Church and the sponsor or coordinator of the activity. I acknowledge that these rules are non-negotiable and that if I violate any of them, my parents or guardian will be notified and I will be sent home at my expense.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign this form and return it to Paul Morales, Youth and Families Pastor, Shelley Tebo Assistant Children's and Families Pastor or any intern. A separate form is required for each child.