

**Grace Community Church**  
PARENTAL PERMISSION AND MEDICAL CONSENT

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child hereby consents to the participation by the Child in the Sr. High group conducted by Grace Community Church and to the participation of the Child in all events relating to the Sr. High group for September 2016 through August 2017.

Should transportation be required for any Sr. High event the undersigned authorizes the leadership of the Sr. High group to transport the child in all events relating to the Sr. High group for September 2016 through August 2017.

Should photos be required for any Sr. High event the undersigned authorizes the leadership of the Sr. High group to photograph and use any photograph of the child in all events relating to the Sr. High group for September 2016 through August 2017.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.

If there is no medical emergency, the guardian will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment. Notwithstanding other provisions in this Consent Form, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

This Consent Form may be revoked at any time before the expiration date with written notice to Organizer.

\_\_\_\_\_  
Signature of Parent

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

Date: \_\_\_\_\_

(May be signed by one or both parents.)