

 **Grace Community Christian Church**
Youth Group Off-Site Activity/Field Trip
Permission Slip

I hereby authorize and give my permission for _____ (Child's Name),
to participate in the following Youth Group Off-Site Activity/Field Trip:

Date: _____ Event: _____

Location: _____

I understand that volunteer staff, chaperones and trip leaders will supervise my child while on this trip. I also understand that my child will be transported in private vehicles of volunteers.

Check One:

_____ My child needs no special considerations during this activity.

_____ My child has the following special needs or considerations related to this activity:

_____.

Authorization for Emergency Treatment:

I hereby give permission to the supervisors and authorized drivers of church off-site activities/field trips and other events of Grace Community Christian Church to consent to X-rays, tests, treatment, anesthetic, medical or surgical diagnosis or treatment, and necessary transportation for my child. In the event of an emergency, if I cannot be contacted I hereby give permission to the physician selected to administer treatment, including hospitalization for my child. I will pay the cost of any such medical procedures or treatment.

I also agree to assume any and all financial responsibility for the participant's care while under the supervision of Grace Community Christian Church or its representatives.

I hereby release and waive all claims against Grace Community Christian Church, its employees, representatives and volunteer drivers and chaperones related to this off-site activity/field trip.

This permission form has been signed only after understanding and considering all of the information set forth above.

Signature: _____
(Parent/Guardian)

Print Name: _____

Date: _____

 **Grace Community Christian Church**
Youth Information

Youth's Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Parent/Guardian Name(s):

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Emergency Contact:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Known Allergies:

School they attend:

Special Needs: