

Grace Evangelical Free Church Student Consent and Health Form
Effective through August 31, 2020

STUDENT NAME: _____ AGE _____ GRADE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ Phone _____
Email _____ Mom's work _____ Dad's work _____

MEDICAL INFORMATION

Known diseases/conditions _____
Name of Family Doctor _____
Family Medical Insurance _____
Policy # _____ Date of last Tetanus _____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of a participant in Grace EFC youth programs, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

X _____ Date _____
Parent's/Legal Guardian's **Signature** Required

PARENT/GUARDIAN AGREEMENT

I, the parent/guardian of the registrant, a minor, recognize the possibility of physical injury associated with GEFC youth programs and activities. In consideration for GEFC accepting the registrant for its programs and activities, I hereby release, discharge and/or otherwise indemnify GEFC, its employees and associated personnel, including the owners and directors of facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize (including after school transportation from school).

The above named student has my permission to participate in any youth event designated by the Youth Pastor or sponsors through August 31, 2020. All trips will be under the **supervision** of the Youth Pastor or the people that he puts in charge. **Transportation** will be by cars, vans, busses, trains, planes, or however deemed appropriate by circumstances. **Only those 21 or over** will be allowed to drive others to and from events.

I have read and understand this Student's Consent and Health Form and agree to assume the responsibility stated and waive all claims as indicated. A copy of this document carries the same validity as the original.

_____ Date _____ X _____
Please print or type name **Signature**

A copy of the above permission will only be used after reasonable attempt to reach the parents has been made. If you have any questions, please contact Grace Church at (507) 533-4704.