

**Grace Bible Church or Laurel**  
**Student Ministries – Parent Permission Release Form**

(Please print clearly)

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

Gender: Male Female Date of Birth: Month \_\_\_ Day \_\_\_ Yr \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phones: Home \_\_\_\_\_ Mom cell \_\_\_\_\_ Dad cell \_\_\_\_\_

Student cell \_\_\_\_\_

Parents/Legal Guardians:

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_

Parent Email: \_\_\_\_\_

If parents cannot be reached EMERGENCY CONTACT:

Name #1 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name #2 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_

Insurance Policy/Group #: \_\_\_\_\_

Known Student Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

- I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in off-campus events and retreats with the GBC Student Ministries. The student identified on this form understands that all students are expected to abide by the group rules and be directly responsible to the Youth Pastor or designated adult leader. The Youth Pastor of Grace Bible Church or designated adult leader assumes responsibility for discipline while on a field trip and reserves the right to require a student to leave the trip because of misconduct or disobedience. In such an instance, I will assume full responsibility for returning the student home.
- Further, I do release and hereby agree to hold blameless Grace Bible Church, designated leaders and sponsors, and other agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in an GBC-sponsored event or retreat. I also release the lessor of properties on which any GBC-sponsored program is held.
- Further, in the event I cannot be reached by phone, I do authorize the designated leaders of an GBC-sponsored event or retreat - or any Grace Bible Church field trip leader/sponsor - to give consent to a physician and/or hospital for emergency medical or surgical treatment of my child while under their supervision. It is understood that I will assume all financial responsibility for any expense that may be incurred for said emergency treatment.
- Further, I do authorize the Grace Bible Church Youth Pastor, designated leader, and sponsors to transport the said child for GBC-sponsored events or retreats.
- My consent and signature is given below.

PARENTS: Participation in church related events and activities constitutes approval by you, the parents, for your children to possibly be photographed and to have these photographs placed in church related publications, including the church website.

**I have read and agree to the information given in this parent permission release form.**

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)