Student Ministry
Grace Church—Saint Louis

Parents/Legal Guardians of minors are requested to complete this consent form and return it to Student Ministries. This form will assist the church in its efforts to provide for the safety of minors during church-sponsored activities. Thank you for your cooperation.

(PLEASE PRINT LEGIBLY)

Student's Name _____ Birth Date_____

Address _____City/State/Zip Code _____

Home Phone # (_____)_____ Physician _____ Phone # (_____)_____

Father's Name _____ Mother's Name _____

Father's Work # (_____)_____ Mother's Work # (_____)_____

Emergency Contact (if parents unavailable) _____ Phone # (_____)_____

Student Medical Info/Special Instructions:

List allergies to drugs, foods, and plants: _____

List regularly taken medications: _____

List physical disabilities or medical conditions that may prevent student from participating in normal, rigorous activity:

_____

Other special instructions: _____

Transportation Release and Medical Consent/Certification

Should it be necessary for my child to be transported in a Grace Church—Saint Louis vehicle, staff member's or volunteer's vehicle, I do hereby agree to hold the staff member, volunteer, and Grace Church—Saint Louis harmless of any liability arising from injury, accident or damage and release and further discharge Grace Church—Saint Louis and its staff and volunteers, and its respective successors, heirs, assigns, agents, officers, directors, shareholders and servants, and all other persons, firms, and corporations, from any injury, accident or damage whatsoever caused to any person, firm or corporation, from and against all loss, reasonable counsel fees, expenses and liabilities incurred on or about any such claim, action or proceeding brought thereon, which I may now have or hereinafter assert against Grace Church—Saint Louis and/or its staff or volunteers with respect to my riding in the church's, staff's, or volunteer's vehicle, or arising from any injury, accident or damage whatsoever cause to any person, firm or corporation.

I, as the parent/legal guardian of the above named student hereby consent to the participation of my child in all of the activities of Student Ministries at Grace Church—Saint Louis, including field trips/outings, camp, swimming, boating, hiking, sporting events, and any other activities customarily associated with a church's ministry. Furthermore, I certify that my child is physically fit and adequately trained to participate in such events. I also authorize Grace Church—Saint Louis and its staff members or volunteers to consent for any necessary medical treatment should I be unavailable to authorize said treatment. I agree to be financially responsible for any charges incurred for the necessary treatment of my child. I do understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Signature of parent/legal guardian _____ Date _____

Signature of witness _____ Date _____