

Grace Student Ministries



Parental Consent & Medical Release Form

(Effective from September 1, 2019 – August 31, 2020)

Student Name: _____ DOB: _____

Grade: _____ Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

*Phone #: _____ *Email: _____

Name of Alternate Emergency Contact: _____

Phone #: _____ Relationship to Student: _____

PARENT/GUARDIAN PERMISSION

I hereby give permission for this student to participate in activities of Grace Church, Marshalltown, IA. This includes all sponsored activities on or off the Church property (including any and all activities involving travel and/or lodging) unless otherwise stated. I understand that reasonable precautions will be exercised by the adults chaperoning each event and that adults will adhere to the safety policies at all times. This permission shall remain in effect until August 31, 2020, unless terminated in writing. I hereby give permission for this student to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in church activities. I understand that drivers for all events must be over age 18 and approved by Grace Church Staff. In addition, I understand that my child may be photographed or recorded during the course of student ministry events or gatherings. By signing below I provide consent for their image to be used in either print, electronic, or video form for the promotional purpose of Grace Student Ministries.

MEDICAL TREATMENT AUTHORIZATION

I understand I will be notified in the case of a medical emergency. However, in the event I cannot be reached, I authorize the approved Grace Church chaperone in charge to obtain any necessary medical attention in case of sickness or injury to my child. I understand the Grace Church adult chaperone will not be responsible for medical expenses incurred solely on the basis of this authorization. I hereby release and discharge Grace Church and all sponsors from any and all claims, demands, actions or causes of action, past present, or future arising out of damage or injury while participating in church-sponsored student activities.

I further agree to notify the student ministry pastor of any health changes that would restrict my student's participation in any normal student activities. I also understand that the student ministry leader and designated adult chaperone(s) reserve the right to restrict my student from any activity that they do not feel is within the physical capabilities of my student.

Parent or Legal Guardian Signature

Date



Grace Student Ministries (GSM)
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