

**ONE YEAR PERMISSION SLIP**  
**Parent Consent / Medical Release Form**  
**ALL Grace Bible Church Activities**  
**June 1, 2011 to June 1, 2012**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_  
(2011-12)

Address: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_

The undersigned does hereby give permission for our (my) child to attend and participate in the above mentioned activity sponsored by the Student Ministries of Grace Bible Church, 1300 South Maple Road Ann Arbor, MI 48103. Phone: (734) 663-0589.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination; anesthetic; medical, surgical or dental diagnosis or treatment; or hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or at the said hospital.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle driven by an authorized adult appointed by the student ministry leadership staff while attending and participating in this activity sponsored by the ministry.

**Does your child use prescription medication? If so, please list the exact medications sent and the instructions for its proper use:**

**Does your child have any special instructions, diet, allergies, or health conditions of which we should be aware?**

**Guardian Information:**

_____ Father (Signature)	_____ Mother (Signature)
_____ Legal Guardian (Signature)	_____ Relationship to Child

**Emergency Information:**

<b>Father/Guardian's:</b>		<b>Mother's:</b>	
_____ Work Phone Number	_____ Cell Phone Number	_____ Work Phone Number	_____ Cell Phone Number
_____ Emergency Contact Person (other than immediate family)		_____ Phone Number	_____ Relationship to Child
_____ Name of Hospitalization Insurance		_____ Policy/Subscriber Number	