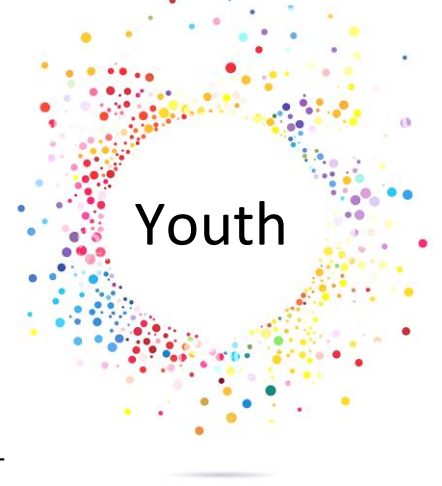


Consent Form

Grace United Methodist



Full Name _____

Grade _____

Birth Date _____

Street Address _____

City _____ Zip Code _____

Youth Cell Phone _____

Allergies/special needs/limitations/ or other pertinent information

Father's Name _____

Address (only if different from child) _____

Primary Phone _____

Email Address _____

Mother's Name _____

Address (only if different from child) _____

Primary Phone _____

Email Address _____

(Non-Parent) Emergency Contact

Name _____

Primary Phone _____

Relationship to Youth _____

People Authorized to Pick up Student

Name _____

Primary Phone _____

Relationship to Youth _____

I do not want any photos/videos of my child published in any media form.

I, the undersigned parent, or guardian, do hereby give permission for my child, listed above, to attend and participate in any or all youth ministries available on Sunday mornings, Wednesday evenings, and any other scheduled activities sponsored by Grace United Methodist Church youth ministries. This includes, but is not limited to, events such as outreaches, retreats, community projects, meetings, mission trips and special events that are scheduled at any given date and time. I also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in any activity sponsored by Grace United Methodist Church. I hereby authorize emergency medical, dental; health or hospital services be rendered to my child upon consent of a Grace United Methodist staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with Grace United Methodist Church's Youth programs when I or my emergency contact is unavailable to give such consent.

Signature of Parent or Guardian _____ **Date** _____