

**COMMON GRACE AND YOUTHGRACE PARENT/GUARDIAN PERMISSION SLIP\***

My child (PRINT Full Name): \_\_\_\_\_ has my permission to participate in Common Grace and Youth Grace activities for the period 01/01/17 to 12/31/2017. I also authorize the driver named below to provide transportation to and from the event.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Other Emergency Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Child's Medical Insurance: \_\_\_\_\_ or NONE:

Child's Physician/Medical Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, I understand that every effort will be made to contact me. If unable to contact me, or the designated individual above, I hereby give permission to the above-mentioned volunteer mentor to secure treatment for my child from the physician/medical facility indicated below. If unable to secure medical-related services from the indicated physician/medical facility/I authorize the volunteer mentor to secure treatment from another physician/medical facility. As the parent or legal guardian, I will assume all costs for medical-related services

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Mentor/Driver Full Name (Print): \_\_\_\_\_

Phone: \_\_\_\_\_

Mentor's Church/School: \_\_\_\_\_

Check here for Valentine's Party

Check here for Zoo Adventures

**\*Permission Slip must be FILLED OUT AND COMPLETED for admission to any of the activities**