



Grace Bible Church Student Outing

EVENT DATE: _____

EVENT TIME: FROM: _____ TO: _____

LOCATION: _____

Cost per Student: _____

STUDENT'S INFORMATION

NAME: _____

Birthdate: _____ Grade: _____

Address: _____

City: _____ Zip: _____

Allergies: _____

Medical Conditions: _____

Dietary Requirements: _____

EMERGENCY CONTACT INFORMATION

NAME: _____

Relationship: _____

Emergency Contact phone #: _____

*I, hereby give permission for _____
(student) to participate during the named event and agree
that the **leadership team (Grace Bible Church Hawk Mountain
Youth)** will not be held responsible for any injuries or illnesses
that my child sustains during the named activity or trip.*

*I hereby authorize an adult leader, as an agent of myself, to
provide routine health care (including over-the-counter
medication such as ibuprofen), administer prescribed
medications and seek emergency medical treatment, if
deemed necessary by said adult leader.*

*In the event that I cannot be contacted in an emergency, I
authorize the physician or hospital selected by the leader to
provide treatment, including hospitalization, for my child.*

Signature of Parent or Guardian