

2019-2020 Child Permission Form (Birth-12th Grade) - Valid 6/1/19-5/31/20

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Office Use Only

CHILD'S FULL NAME	AGE	DATE OF BIRTH	GRADE AS OF 9/1/19	ALLERGIES, SPECIAL NEEDS

PERMISSION TO PARTICIPATE

I am the parent or guardian of the children named on this form. I give my permission for them to participate in ministry activities at Grace Fellowship (GFCV).

PERSONS AUTHORIZED TO PICK UP CHILDREN FROM CHURCH ACTIVITIES (OTHER THAN PARENT/LEGAL GUARDIAN)

By signing this form, I am indicating that I understand that GFCV will not release my children from a classroom, playground, or other event unless I pick them up. Below, I have provided a list of "authorized persons." I give permission for these adults to pick up my children from this GFCV ministry activity. I understand that if a GFCV volunteer does not recognize my authorized person, he or she will ask to see a valid photo identification before releasing my children. I agree to inform these authorized people about this policy.

LEGAL NAME OF AUTHORIZED PERSON(S)	RELATIONSHIP	HOME, WORK, OR CELL PHONE #

TRANSPORTATION

I give my permission for my children to ride in an automobile driven by an approved volunteer from GFCV who is at least 21 years of age.

WAIVER

In consideration of the benefits to be derived from this ministry activity, I hereby waive any claim against GFCV, the church staff, any volunteers, and any agents of the church.

PHOTOS AND VIDEOS

I understand that pictures and videos of my children may be captured during this ministry event. I give my permission for GFCV to use these images at their discretion in any form, including for videos on their website, in print media, in a display, or on an electronic projection visible during a GFCV service.

EMERGENCY MEDICAL RELEASE

I give full and complete authority to a representative of GFCV who has this signed form to approve any emergency, necessary medical or dental care for the children named on this form. This authority allows them to approve, among other things, x-ray examinations, anesthesia, medical or surgical diagnoses, and treatment and hospital care. This treatment can be provided by any dentist, physician, or surgeon licensed under the provisions of the Medical Practice Act. I also give authority to this representative from GFCV to select transportation to the chosen dentist's office, physician's office, or hospital. I understand that this authorization will remain in effect while my children are traveling to and from this ministry event, and remains in effect while they are participating in any program or activity authorized by Grace Fellowship. I also understand that they have this authority unless I revoke this authority **in writing** and deliver it to GFCV. Further, I authorize any hospital which has provided treatment to the children named on this form to surrender physical custody of these children to the representative of GFCV who bears this form. I give this authorization specifically because of Section 1283 of the California Health and Safety Code.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

PRINTED NAME(S) OF PARENT(S)/GUARDIAN(S): _____

MAILING ADDRESS: _____ **CITY, STATE, AND ZIP:** _____

HOME PHONE _____ **CELL PHONE** _____ **CELL PHONE** _____

E-MAIL ADDRESS _____

PRIMARY FAMILY PHYSICIAN _____ **PHONE** _____

NAME OF MEDICAL INSURANCE _____ **PHONE** _____

MEDICAL INSURANCE POLICY # _____ **GROUP #** _____