

**PARENTAL CONSENT FORM
CHURCH ACTIVITIES FOR CHILDREN / YOUTH**

Participant's Name:	
Home Address:	
Parent's Names:	
Parent' Address (if not same):	
Home Phone #	Work Phone #
Relative/Neighbor Name & Phone #	
I grant permission for my child,	
to participate in the stated church activity:	
Which will take place on (date):	from (time) :
at (location/address):	

I understand that my child will be under the direct supervision of assigned Grace Chapel staff person(s). He/she will be expected to demonstrate a cooperative spirit and stay with the group leader(s) assigned to him. I also understand that it is my responsibility to arrange for his/her transportation to and from the church for any activities they are involved in.

I also understand that supervision will be provided in the marked box below:

Supervision will be in accordance with Grace Chapel's Child Supervision and Protection Standard (available in the church office) which includes the Two Adult Rule (2 adult supervisors at all times).

Supervision will be in accordance with Grace Chapel's Child Supervision and Protection Standard but the Two Adult Rule may NOT be enforced for the duration of the activity.

MEDICAL INFORMATION:

Please list child's medical conditions/allergies:

Medications to be administered:

Permission to receive Tylenol? Yes No

Physician to contact for medical treatment: _____ Phone number: _____

MEDICAL CONSENT:

I hereby grant Grace Chapel staff to seek medical attention for my child in the event of an emergency situation.

Parent signature and date: _____