



**GRANITE
SPRINGS
CHURCH**

STUDENT MINISTRIES
PERMISSION SLIP

Name: _____

Home Phone: _____ Cell Phone _____

Email Address _____

Street Address _____

City _____ State _____ Zip _____

Birthdate: ____/____/____ Grade _____ Gender _____

I give permission for the above named student to join and participate in the Granite Springs Student Ministries event _____ on ____/____/____

Signature of Parent or Guardian _____ Date

Emergency Contacts

Name _____ Relation _____ Telephone _____

Name _____ Relation _____ Telephone _____

Medical Release

I release Granite Springs Church from responsibility and liability for any injury or illness that my child may sustain during this activity. I authorize the Granite springs staff to act as an agent for me, to consent to any emergency medical treatment; and hospital care advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state of California. I expect to be contacted as soon as possible.

Signature of Parent or Guardian _____ Date

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Insurance Company _____

Policy Number _____ Medications being taken _____

Allergies, Handicaps or Limitations: _____