

# Pursuit Youth Ministries & The Start Grace Christian Church - Event Permission Slip

## Student Information:

Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent(s): \_\_\_\_\_ Email: \_\_\_\_\_  
Parent(s) Cell(s): \_\_\_\_\_ Lives with?  Both Parents  Mother  Father  
Student Cell: \_\_\_\_\_

## Medical Information:

Known Allergies: \_\_\_\_\_  
Current or Chronic Conditions: \_\_\_\_\_  
Medications Now Taking: \_\_\_\_\_  
Are immunizations current?  Yes  No Is Tetanus current?  Yes  No Blood Type: \_\_\_\_\_  
Is there anything that prevents or restricts student's participation?  Yes  No  
If yes, explain: \_\_\_\_\_

### IN CASE OF EMERGENCY, IF PARENT IS NOT AVAILABLE, PLEASE CONTACT:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical/Liability & Model Release- Valid Through September 30, 2023:

In the event of sickness, injury or some medical emergency, I/we request that my/our child receive any medical attention or treatment deemed necessary. Therefore, I/we the parent(s)/guardian(s) give permission to any hospital, doctor, and/or health care provider to transport, treat, and/or admit for care my/our child. In the event that I am/we are not present at the time of the emergency, my/our child's care has been entrusted to the staff and designated ministry leadership of Grace Christian Church of Fond du Lac, WI, while attending:

***THIS PERMISSION SLIP COVERS THE ABOVE-NAMED STUDENT FOR ALL OF THE FOLOWING EVENTS, EVEN IF DATE IS CHANGED***

<b>Wednesday, June 14<sup>th</sup> Kiddie Pool Kickball at Celebration Assembly, 6pm-8pm</b>	<b>Cost: Free</b>
<b>Wednesday, July 12<sup>th</sup> Mini Golf at Tom &amp; Jerry's in Plymouth, 5:30pm</b>	<b>Cost: \$8</b>
<b>Wednesday, August 2<sup>nd</sup> Day at Devil's Lake in Baraboo, 8:30am-6:00pm</b>	<b>Cost: \$12</b> includes lunch

I/we also release Grace Christian Church, its agents, assigns, staff, employees, as well as volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness or death which may be sustained by my/our child as the result of any participation in the above indicated events or related functions or activities.

I/we also grant permission for my/our child to be filmed, videotaped, audiotaped or photographed by any means and grant permission for full use of their likeness, voice and words without compensation.

**Signature of Parent(s)/Guardian(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_