

Grace Hills Parental Consent Form

Child's Name: _____ Age: _____ Birth Date: _____
Street Address: _____ Home Phone: (____) _____ - _____
City: _____ State: _____ Zip Code: _____
School: _____ Grade During Current School Year (or previous if summer): _____
Father: _____ Cell Phone: (____) _____ - _____
Mother: _____ Cell Phone: (____) _____ - _____
Email Address: _____

I, the undersigned, certify that I am the parent or legal guardian of _____
(hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of Grace Hills
Community Church: Science Camp (Summer To Discover)
(hereafter "the activity") on or about June 19th-22nd, 2023

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm,
damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release Grace Hills Community Church, its trustees, officers, directors,
employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child
while participating in the activity and agree to save and hold harmless Grace Hills Community Church, its trustees,
officers, directors, employees, agents and representatives from any claims arising out of my minor child's
participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic,
or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to
contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity
leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to
the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for
the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the
medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or
organization sponsoring this event will be used as the secondary coverage.

Said minor is covered by hospitalization insurance: _____ YES _____ NO

Insurance Company: _____

Policy Number: _____ Emergency Phone: _____

Allergies: _____

Special Medication: _____

Participant's Signature, if 12 years or older: _____

Parent's or Guardian's Signature: _____

Parent's or Guardian's Printed Name: _____

Date: _____