

# 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: Grace Hills Kids Camp 2023  
(hereafter "the activity") on or about July 11th - July 14th 8:30am - 12:00pm

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: \_\_\_\_\_