Grace Church Summer 2014 Events
Permission, Safety and Security Agreement &
Authorization for Emergency Treatment of Minors

Permission slip for:

_____, _____/_____/_____

(Child's Name) (Child's date of birth)

I, _____, grant permission for the above named child to attend and participate in the onsite and off site
(Parent or Legal Guardian of child named above)

Summer 2014 Children's Events of Grace Church, 450 Edgewood Ave. Smithtown, NY 11787

Permission Agreement:

I do hereby for myself, my heirs, executors and administrators, waive and release any and all right to claims or damages I may have against Grace Church, their representatives, successors, assigns for any and all injuries, illness and loss of damage of personal property by the above named person during participation in Summer 2014 events that are taking place.

New Pick-Up Policy:

In an effort to increase security for the protection and safety of the children attending Grace Church Summer Events, Grace Church is instituting a new policy regarding the pickup of children. We ask that you, the parent or guardian, list below the individuals authorized to pick up your child from Grace Church Events (i.e. the other parent/guardian, grandparents, babysitters/nannies). If you, the parent or guardian, wish for another individual to pick up your child, we ask that you write a note authorizing such with that individual's name and contact phone number. In an effort to protect the children, Grace Church now reserves the right to require individuals picking up children to present a government issued photo identification.

Name, Phone, and Relationship to Child of individual(s) authorized to pick up above named child

NAME	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Safety & Security Agreement:

I understand the new policy regarding safety and security of children. I recognize that only I and the individuals I authorize in advance will be permitted to pick up my child. I understand that the failure of me or my authorized individuals to produce a government issued photo identification could result in a delay of pick-up while myself or the authorized individual's identity was verified.

Authorization for Emergency Treatment:

I do hereby appoint Grace Church to act on my behalf in authorizing emergency medical, dental, surgical care and hospitalization for the above named minor during the period of my absence in the event if I am unreachable or unavailable during an emergency that happens while my child is under Grace Church's supervision. This document shall be presented to a physician, dentist or appropriate hospital representative at such time as an emergency medical, dental, surgical care or hospitalization may be required.

Please list:	Allergies	Medications
	_____	_____
	_____	_____
	_____	_____

Last tetanus shot: _____

Any other medical problems: _____

Do you have medical insurance? __ Yes __ No

Hospitalization Insurance Provider: _____ Group Number: _____

I, _____, the undersigned parent/guardian of _____,
have read, understand, and agree to comply with the all the information and policies presented in this permission slip.

_____ _____

Parent/Guardian Signature and Date **Witness Signature and Date**

_____

Address **Telephone Number** **Emergency Telephone Number**