



Permission Form

Effective Dates:

_____, 20____ — December 31, 20____

STUDENT INFORMATION

Name _____ Grade _____ DOB _____ Male/Female

Nickname _____ School: _____

Primary Address: _____

Secondary Address: _____

Student Contact Number: _____

Student Email: _____

PARENT/ GUARDIAN INFORMATION

Name(s) _____

Email(s) _____

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name _____ # _____ Email? _____

Name _____ # _____ Email? _____

Name _____ # _____ Email? _____

Name _____ # _____ Email? _____

Non-Parent authorized to pick up of student(s) (Must provide valid I.D. and make leader aware):

Name Phone Number

Name Phone Number

EMERGENCY CONTACT

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name)("Participant"), to attend and participate in any Gwinnett Community Church student ministry activities, events, retreats and childcare during the period of _____, 20____ – December 31, 20____.

I understand that under no circumstance will my child, _____ (child's name)("Participant"), be released to anyone whose name does not appear on this release form. In the event of an emergency, my child will remain with one of the GCC staff or chaperones until proper arrangements can be made to pick up my child.

LIABILITY RELEASE: In consideration of Gwinnett Community Church allowing the Participant to participate in student ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Trips) and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Gwinnett Community Church, its pastors, directors, employees, volunteers and teachers (collectively herein the “Church”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the student activities and childcare. I, the parent or legal guardian, of this Participant hereby grant my permission for the Participant to participate fully in student ministry activities and child care, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned hereby agrees to communicate if unable to pick student up, allowing only an authorized person to pick the student up. The undersigned further agrees that if an unauthorized person arrives, the student will not be released to that individual until an authorized person arrives. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency treatment. This includes, but is not limited to x-rays, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or student pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or student to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/student to ride in any vehicle driven by an approved and licensed (ADULT)¹ chaperone while attending and participating in activities sponsored by Gwinnett Community Church. My child/student and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation, failure to do so will incur consequences such as early return home (See Above).

Name of student participant	x Signature of student participant	Date
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Name of parent/guardian	x Signature of parent/guardian	Date
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¹Approved ADULT drivers must be 21 years or older, licensed for a minimum of 4 years, and submitted to a driving record background check, before approved to drive.

MEDICAL INFORMATION

STUDENT INFORMATION *(Please Print)*

Student Full Name _____ Nickname _____

Home Address _____

Home Phone _____ DOB _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name _____

Parent/Guardian Name _____

Mobile Phone _____

Mobile Phone _____

Work Phone _____

Work Phone _____

Home phone if different than above/Other Phone _____

Home phone if different than above/Other Phone _____

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____

Relation: _____

Phone(s): _____

Name: _____

Relation: _____

Phone(s): _____

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s) _____ Fax: _____

Name of practice: _____

Date of last Tetanus shot (required) _____

MEDICATION:

List all medications the student will take during any student ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult student leader in their original containers with complete dispensing instructions before the start of the event. Student are not permitted to carry any prescription medication and will be sent home at the parent/guardian's expense if they do.**

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Gwinnett Community Church Photo Release Form for Student Ministries

I agree that Gwinnett Community Church may photograph and record my child/dependent's likeness and activities (Images)² during church-related activities. I grant the following rights to Gwinnett Community Church: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the activity and event. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website, on the Internet, and worldwide for Gwinnett Community Church purposes only, in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Gwinnett Community Church from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortu-ous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below.

Child/Student's Name (print)

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Address line 1

Parent/Guardian Email

Address line 2

City, State, Zip

² Image means all photographs, film, or other recordings taken of you as part of the event.