



# Grace Youth Ministry

"United in Christ through Grace, Love & Service" - Colossians 3:13-15

Permission to go OFFSITE with Grace Community Youth Ministries  
*(all Youth MUST ride with an adult, 25 years and older)*

I give permission for my child, \_\_\_\_\_ to join Grace Youth Ministry in an offsite activity. I authorize Sarah or Scott Luginbill, or other adult leader, to obtain medical treatment of a licensed physician in the event that it is needed. I understand that I will be notified as soon as possible. I will not hold Grace Community UMC or supervising adults liable for injuries. I agree that my teenager is to act in an appropriate manner, and will hold my teenager accountable for his/her actions.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

*In case of emergency, please contact:*

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Phone number

*Special Instructions or information:*

Please fill out information below if your child's medical and insurance information is NOT on file in the Youth office.

## MEDICAL INFORMATION

**Allergies:** \_\_\_\_\_ **Medications being taken:** \_\_\_\_\_

**Physical handicaps or limitations:** \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_

(Please attach a photocopy of insurance card)

**Policy Number:** \_\_\_\_\_ **Member's Name:** \_\_\_\_\_