

**Grace Union Church Consent Form**

Participant's Name: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_

Parent/Guardian's Name: \_\_\_\_\_

Emergency Contact numbers: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical Conditions or Physical Restrictions to Be Aware of: \_\_\_\_\_

\_\_\_\_\_

Instructions and Medications: \_\_\_\_\_

\_\_\_\_\_

Date of Last Tetanus Booster: \_\_/\_\_/\_\_

Does your Child have any known Allergies to medicine or otherwise: \_\_\_\_\_

\_\_\_\_\_

Does your child sleepwalk?  no  yes

May we give your child Tylenol or Aspirin for pain or fever?  no  yes

Is there medical or hospitalization insurance which provides for this child?  
 no  yes

Name of Insurance Co.: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Phone Number of Insurance Co.: \_\_\_\_\_

By signing this form below you are giving Grace Union Church permission to transport your child for the purposes of this activity, and to make any necessary emergency medical decisions until such time as you can be contacted.

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_