



Grace Youth Ministry Medical Authorization Form

Child's Name: _____ Date of Birth: _____

Address: _____

Medical Ins. Company: _____ Policy Number: _____

Family Doctor: _____ Doctor Phone Number: _____

Parents Name(s): _____

Parents Phone Number(s): _____

Any allergies or any other comments:

I hereby give permission to a licensed physician, surgeon or other recognized hospital member to carry out emergency medical care deemed necessary for the child in an emergency when normal permission is unavailable. This information is true and correct, and the person herein described has permission to engage in the activities of Grace Baptist Church.

Parent Signature: _____ Date: _____

Grace Youth Ministry Social Media Release Form

Please indicate whether or not Grace Youth has permission to post (on social media) appropriate pictures/video of your student participating in GY events. These pictures/videos will be used to promote events and increase awareness of GY as an entity.

_____ Yes, permission granted _____ No, permission not granted

*Grace Youth Ministry is a ministry of Grace Baptist Church in Tonawanda, NY
2525 Eggert Road Tonawanda, NY 14150 | (716) 836-1525*