

Grace Students 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 Church.

Parent Signature: _____ Date: _____

Grace Students Social Media Release Form

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

_____ Yes, permission granted _____ No, permission not granted

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