



2351 Rice Creek Rd.  
New Brighton, MN 55112  
651-633-7515

**Parental Permission Form & Waiver of Liability**  
For Trips with GracePoint Church

**Event: Senior High Ministry Events for GracePoint Church**

**Date: August 2017 – August 2018**

Please read the statement in capital letters and add your signature to it. This will be expedient in the unlikely event of serious injury requiring hospital treatment. Many hospitals will not treat a minor without parental consent.

WE UNDERSTAND THE ARRANGEMENTS AND BELIEVE THE NECESSARY PRECAUTIONS AND PLANS FOR THE CARE AND SUPERVISION OF THE STUDENT DURING THE TRIP WILL BE TAKEN. BEYOND THIS, WE WILL NOT HOLD GRACEPOINT CHURCH OR THE PERSONS SUPERVISING THE TRIP RESPONSIBLE.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE GRACEPOINT CHURCH PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY STUDENT IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY BY GRACEPOINT CHURCH. I GIVE MY PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO USING THOSE MEASURES DEEMED NECESSARY. I ABSOLVE GRACEPOINT CHURCH FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD SO LONG AS GRACEPOINT CHURCH IS NOT GROSSLY NEGLIGENT.

**Information**

Please print all information except signature.

Name of student: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Medical information, such as allergies or drug reactions: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

**Insurance Information**

➡ Please include a photo copy of the front and back of your insurance card. ⬅

Name of health insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Name of policy holder: \_\_\_\_\_ DOB of policy holder: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other emergency contact, if we cannot contact parents/guardians  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_