

Activity: **Frog Pond in Boston**

Date:03/07/10

Student _____

Parents/Guardians _____

Home Phone _____

Mobile 1 _____ Mobile Phone 2 _____

Address _____

City _____ Zip _____

Medical information: **Please list allergies, chronic illnesses, and/or medication needed. List physical conditions that may limit activity.**

I give permission for my child to participate in the activity listed above and authorize the adult leaders supervising this activity to seek emergency treatment for any accident or illness and to act in my stead in approving necessary medical care. As a parent/guardian, I remain legally responsible for any action taken by my child. I agree on behalf of myself, my family, and my child to hold harmless Grace Church and its leadership, staff, and volunteers for any illness, injury, or medical costs in connection with this event. This authorization shall cover this event and travel to and from this event.

Parent or Guardian Signature _____

Date _____