

**G.P.C. Youth Guest**

**Emergency Contact/ Permission Card**

**I give permission for my child(ren):**

\_\_\_\_\_

**to attend the GPC Youth Outing to:**

\_\_\_\_\_ **on** \_\_\_\_\_

**Parent/Guardian who can be reached during the above event:**

**Name** \_\_\_\_\_ **phone/cell#** \_\_\_\_\_

**Alternate Contact** \_\_\_\_\_ **phone/cell #** \_\_\_\_\_

**Special medical or dietary information Youth Leaders should know:** \_\_\_\_\_

\_\_\_\_\_

**Health Insurance Provider for Youth** \_\_\_\_\_

**Policy #** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**In the event of an emergency where medical treatment is required, I give permission for the youth leaders or church staff to obtain the services of a licensed physician.**

**signed** \_\_\_\_\_ **date** \_\_\_\_\_

(Parent or Legal Guardian)