

Grade \_\_\_\_\_

**Grace Church Laguna Niguel**

24600 La Plata Drive

Laguna Niguel, CA 92677

949-388-5537

www.gracechurchlagunaniguel.org



**LIABILITY WAIVER**

*This form is to be completed by all parents or guardians of children (one per child) participating in Sunday School at Grace Church Laguna Niguel. By consenting and releasing liability, the signer gives permission for their child to participate in Sunday school and permits medical care to be given in case of emergency. The signer releases Grace Church Laguna Niguel from liability.*

\_\_\_\_\_ BORN \_\_\_\_\_ has my permission to arrive, participate and depart from Sunday School of Grace Church Laguna Niguel for the **August 5th, 2018 – July 28th, 2019 period**. I understand Sunday school classes will have adult supervision. I hereby voluntarily waive any claim against Grace Church Laguna Niguel.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**MEDICAL CARE PERMIT**

Health Insurance Company \_\_\_\_\_

Subscribers Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Company's Phone Number \_\_\_\_\_

Q. Known allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Q. Is your child presently being treated for an injury or sickness or taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Q. Does your child have a physical handicap or illness that would prevent him/her from participating in normal activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Q. Is there anyone who should never pick up this child? If yes, please indicate \_\_\_\_\_

***I hereby authorize emergency medical care or first-aid treatment as need in the event of illness or injury during any Sunday school activity at Grace Church Laguna Niguel.***

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_