



**GRACE EPISCOPAL CHURCH**  
555 E. Mountain View Ave.  
Glendora, CA 91741  
Church Office: (626) 335-3171

**PERMISSION SLIP**

Youth Name: \_\_\_\_\_

Effective Dates: **January 1, 2024 – January 1, 2026 (Two Year Form)**

Supervision: Authorized Persons of Grace Episcopal Church

Transportation: Vehicles belonging to Authorized Persons of Grace Episcopal Church

Authorization to participate in Youth Group Activities and Trips.

\_\_\_\_\_  
Parent or Guardian Signature

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR**

I/We, the undersigned, parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize The Rev. Susan Scranton, Janese Grady, and all authorized adult youth assistants of Grace Episcopal Church as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act of the State of California, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital emergency room.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain effective until January 1, 2024 unless sooner revoked in writing delivered to said agent(s).

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Father

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

**We also ask that you provide us with a photocopy of your child's insurance card.**

Home Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Other Emergency Contact, additional phone numbers and instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

