



GRACE FELLOWSHIP STUDENT MINISTRY

1120 MALCOM BRIDGE RD

BOGART, GA 30622

PHONE: 706.769.4001

EMAIL: TROCHELEAU@GRACEATHENS.COM

2026 MEDICAL WAIVER

Students Name: _____ Date: _____

Grade: _____ Age: _____ Phone #: _____

Guardian Name: _____ Date: _____

Phone #: _____

Emergency Contact: _____

Relationship to Student: _____

Phone Number: _____

Emergency Contact #2 : _____

Relationship to Student: _____

Phone Number: _____

Medication #1: _____

When & How to take it: _____

Medication #2: _____

When & How to take it: _____

Medication Allergies: _____

Food Allergies: _____

Stud. can have : Ibuprofen__Tylenol__Benadryl__

Health Insurance:_____ Policy #_____

Student Sign: _____ Date: _____

Guardian Sign: _____ Date: _____

This waiver applies to all trips for the 2025 Student Ministry

Including: Winterfest, State Teen Talent, High School & Middle School Camp, Forward Conference, International Teen Talent, Fall Retreat, Missions Trips, & Etc



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2026 EVENT/ TRIP WAIVER

Students Name: _____ Date: _____

Grade: _____ Age: _____ Phone #: _____

Guardian Name: _____ Date: _____

Phone #: _____

-I, _____, hereby grant permission for my child/ children, _____, to participate in the upcoming church event.

-I acknowledge that there are inherent risks associated with any activity and I assume full responsibility for those

-I understand that travel may be involved, and I hereby give permission for my child to travel with the adult leader or leaders of this activity, including transportation by car, bus, train, airplane, or any other means.

-I understand that it may be necessary for emergency medical treatment to be administered if an injury or illness occurs during activities. I grant permission to an adult leader of this activity, my appointed agent if needed, to provide consent for any medical diagnosis or treatment.

-I understand that it is incumbent upon me and/or my child to follow all rules as set forth by the church concerning this event. Further, I acknowledge that any misconduct or misbehavior on the part of my child or myself may result in immediate dismissal from the event, at the sole discretion of the church staff.

-I also agree to release and hold harmless the church and its staff from all liability related to injury or illness that may occur to my child in relation to this event or any activity associated with it. In the event of an emergency, consent to medical treatment provided by a doctor or hospital of the church's choice.

-I have read and understand all regulations associated with this event, as well as the above statements.

Student Sign: _____ Date: _____

Guardian Sign: _____ Date: _____

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