



Abounding Grace Fellowship

PARENTAL PERMISSION FOR CHURCH ACTIVITIES (2024 – 2025)

I, _____ certify that I am the parent,
(print name of parent, guardian, or custodian)

guardian, or custodian of _____. I authorize and
(print name of minor)

consent for my child to participate in transportation to and/or from Abounding Grace Fellowship and related church events (including youth events for children ages 12 and up).

Transportation will be provided by approved Abounding Grace Fellowship (AGF) childcare or youth workers.

Additionally, at times, AGF provides field trips to such places as the Dollar Tree Store or food establishments (such as McDonalds) at no charge to children or parents.

Please check the appropriate boxes that apply to your child to grant permission:

- ☐ AGF may transport my child to and/or from the AGF location at 2390 Seaboard Ave.
- ☐ AGF may transport my child (ages 12 and up) to and/or from AGF youth events
- ☐ My child may have meals provided by AGF on location after church service
- ☐ My child may participate in trips for meals to fast food establishments, such as McDonalds
- ☐ My child may participate in special outings to stores like Dollar Tree or Five Below

Please list any concerns or limitations for your child. For example: Limits on sugar, types of drinks (soda versus water), types of items child can bring home (no toy guns, no gum.), etc....

If your child has any special needs that we should be made aware of, including medical or safety information (diabetes, or who is able to pick child up), please list it below:

(Signature on page 2. Please initial this page.)

Initials: _____

The following person(s) should be contacted first in case of an emergency:

_____ at _____
(Parent, Guardian, Emergency Contact – Please print) (Phone Number – Home)

(Phone Number – Work)

(Phone Number – Cell)

Second Emergency Contact:

_____ at _____
(Please print) (Phone Number – Home)

(Phone Number – Work)

(Phone Number – Cell)

In the event of a medical emergency, I hereby authorize and consent to the medical care and treatment of my child by a licensed physician if, in his or her opinion, such treatment is necessary to prevent death, permanent disability, or prolonged suffering.

(Signature of Parent or Guardian)

(Date)