

## ***Grace Chapel Youth Ministry Permission Slip***

I give my permission for \_\_\_\_\_ to go on the Grace Chapel youth group trip to  
**The Boston Project and Global Ministries Christian Church.**  
Date of Activity: **March 9<sup>th</sup>, March 30<sup>th</sup>, April 13<sup>th</sup> (circle one), 2008** Grade: \_\_\_\_\_ Gender: M F

Time of departure: **9:30am**

Time of arrival: **5:15pm**

I will not hold Grace Chapel, its members, officers, or youth leaders, or those providing transportation, entertainment, or lodging liable in any way for any injury sustained. I also give permission for those in charge to obtain any medical care they feel is necessary for my child.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell phone: Mother \_\_\_\_\_ Father \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical Information/Allergies: \_\_\_\_\_

Grace Chapel  
3 Militia Drive  
Lexington, MA 02421  
Tel. (781) 862 8351  
Middle School Status Line: 2251

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