



Grace

Presbyterian Church

Student Ministries

2018-2019 PERMISSION SLIP, WAIVER, MEDICAL AUTHORIZATION AND RELEASE

Name of Student _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Student email address _____

Parent email address _____

Parent(s) and/or Legal Guardian(s) _____

Cell/Pager/Work Numbers of Parent(s) and/or Legal Guardian(s) _____

Age of Child: ____ Birth Date: _____ Gender: ____ Grade: ____ School: _____

FUNCTIONS AND ACTIVITIES

It is my understanding that participating in the programs and recreational and other activities of Grace Presbyterian Church ("the Church") is a privilege. Prior to my student's participation in such activities, I acknowledge that certain risks are associated with the activities, including, by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. The undersigned hereby give our consent to and authorize the minor child named above to participate in all events conducted by the Church. I further authorize my minor child to travel with representatives of the Church in private or other vehicles to any such events so conducted.

PUBLICITY

On occasion, the Church takes photographs or makes an audio or videotape recording of students and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in Grace Presbyterian Church publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our Church may allow them to photograph or record our events for news reporting on special interest features.

I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the Church see fit. This consent includes but is not limited to: photographs, videotape, audio recordings, and the Church's web page. ____ Yes ____ No

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FIRST AID AND EMERGENCY MEDICAL TREATMENT

I recognize that there may be occasions when the student named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the Church to seek and secure any needed medical attention or treatment for the student named including hospitalization, if in the opinion of the agent such a need arises.

Further, I authorize the agent of the Church to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of, any physician, surgeon, or dentist licensed under the laws of the State or County in which the medical care is being sought and on medical staff of any hospital. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment including any treatment a physician, surgeon, or dentist may deem necessary.

RELEASE OF LIABILITY

By signing this form, I expressly warrant that the student named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I, the undersigned, for my student, my student's personal representatives, assigns, heirs, distributees, guardians, and next of kin ("the Releasors"), hereby irrevocably and unconditionally release, waive, discharge, and covenant not to sue the Church and its ministers, leaders, employees, volunteers, and agents, for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to, all liability to the Releasors, on account of injury to my child or death to my child or injury to the property of the child, whether caused by the negligence of the Church, its ministers, leaders, employees, volunteers, and agents or otherwise, during the course of my student's participation in the activities, arising out of or in connection with activities related to the Church, or any travel connected therewith.

MEDICAL HISTORY

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Health Insurance

Insurance Company _____ Phone Number _____ Policy Number _____

Medical Doctor _____ Phone Number _____ Date of Last Tetanus Shot _____

In the event that parent(s) and/or legal guardian(s) cannot be reached, call (Name & Phone of Emergency Contact):

Other Information

Other information church leaders should know about the child

PARENT OR GUARDIAN SIGNATURE

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above form and am fully aware of the contents thereof. I give permission for the student named above to participate in the activities of Grace Presbyterian Church, including any special events/activities. In consideration for allowing the participation of the student in the activities of the Church, I hereby consent to the above terms on behalf of the child and agree that this form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

YOUNG PERSON'S AGREEMENT

I agree to participate in the functions and activities of the Church, to cooperate with the leaders and other young people, and to conduct myself according to Christian values. I promise to respect God, respect myself, respect other persons, and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

Student's Signature

Date