

CONSENT AND MEDICAL PERMISSION FORM

Grace Community Church • 216 Mystic Pine Trail • Cranberry Township, PA • (742) 779-7997

This Consent Form gives permission for my child to participate in any activity sponsored by Grace Community Church.

SCOPE: ALL ACTIVITIES FOR DATE PERIOD SEPTEMBER 2011 THROUGH AUGUST 2012			
CHILD/STUDENT NAME:			
BIRTHDATE:	AGE:	*GRADE:	SCHOOL:
*PLEASE NOTE, IF COMPLETING THIS FORM DURING THE SUMMER, PLEASE PUT LAST COMPLETED GRADE.			
PARENT/GUARDIAN NAME(S):			
CHILD/STUDENT'S ADDRESS:			
CITY STATE, ZIP:			
MOTHER'S PHONE #S - DAY:	NIGHT:	CELL:	
FATHER'S PHONE #S - DAY:	NIGHT:	CELL:	
CALL FIRST: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER			
E-MAIL:			
EMERGENCY CONTACT:	PHONE:		
CHILD/STUDENT'S DOCTOR:	PHONE:		
CHILD/STUDENT'S DENTIST:	PHONE:		
HEALTH INSURANCE CO.:	ID/POLICY #/		
IS THIS AN HMO? <input type="checkbox"/> YES <input type="checkbox"/> NO	GROUP #:		
IS YOUR CHILD ON ANY MEDICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST:			
MY CHILD HAS THE FOLLOWING PHYSICAL CONDITION THAT MAY REQUIRE SPECIAL ATTENTION: <input type="checkbox"/> DIABETES <input type="checkbox"/> HYPERVENTILATION <input type="checkbox"/> CONVULSIONS <input type="checkbox"/> SEIZURES <input type="checkbox"/> ALLERGIES (PLEASE SPECIFY) <input type="checkbox"/> OTHER (PLEASE SPECIFY):			
MY CHILD REQUIRES SPECIAL ACCOMMODATIONS OR HAS SPECIAL ACCESSIBILITY NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:			
IS IT OK TO USE PICTURES OF YOUR CHILD/STUDENT ON THE CHURCH WEBSITE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

I give permission for my child _____ to attend and participate in all events and activities as part of Grace Community Church for the timeframe noted above.

I hereby authorize Grace Community Church staff to administer, obtain and give consent for medical treatment for my child for such injury or illness that may occur while my child is in their care and hold the Grace Community staff and their representatives harmless in the exercise of this authority.

I give permission for my child to be transported in vehicles operated by the Grace Community Church staff and their representatives while participating in events and activities as part of Grace Community Church.

It is my understanding that the above named student will be covered by my personal medical insurance. Grace Community Church provides limited/supplemental medical payment coverage for injuries arising out of the activities of Grace Community Church which is payable in excess of any other collectible insurance. Payments of any medical injuries not covered by my insurance or the Grace Community Church limited/supplemental medical insurance will be paid by me.

NAME OF PARENT/GUARDIAN (PLEASE PRINT):	
SIGNATURE OF PARENT/GUARDIAN:	DATE: