

GOOD SHEPHERD PRESBYTERIAN CHURCH
STUDENT MINISTRIES PERMISSION AND MEDICAL RELEASE FORM

Name _____ Birthdate _____ Citizenship _____ Grade Fall of 10 _____
Address _____ City _____ State _____ Zip _____
Home Phone # ____/____/____ ☐ Male ☐ Female
Parent/Guardian _____ Phone# Home ____/____/____ Work ____/____/____ Cel ____/____/____
Primary emergency contact person _____ Phone # Home ____/____/____ Work/Cel ____/____/____
Alternate contact person _____ Phone # Home ____/____/____ Work/Cel ____/____/____
Family physician _____ Phone # ____/____/____
Medical Insurance _____ Policy # _____

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity. Please notify the Student Ministries Director if your student has been exposed to any communicable diseases during the three weeks prior to event attendance.

MEDICAL HISTORY

Medications: _____ Dosage _____ Times _____ Last tetanus shot _____

Over the counter medications with the exception of _____ may be given as needed ☐ Yes ☐ No

Allergies: ☐ Insect bites, ☐ Drugs, ☐ Food, ☐ Other _____ Does your student wear ☐ Glasses? ☐ Contacts?

Describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the church should be aware, and what, if any, action or protection is required on account thereof. (Specify conditions such as, but not limited to, asthma, diabetes, seizures, bleeding, clotting, injection requirements, etc. the church should be aware of.)

Should this student's swimming or activities be restricted for any reason? ☐ Yes ☐ No If YES, please explain:

MEDICAL RELEASE: In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to secure proper intervention, X-ray examination, medical or surgical diagnosis and treatment, anesthesia, and hospitalization for my son or daughter as deemed necessary.

LIABILITY RELEASE: Signing of this form constitutes agreement by the parent/guardian to assume and accept all risks and hazards inherent in church-related programs, outings, and social activities and to release Good Shepherd Presbyterian Church, its employees, Board, Agents, Volunteer Assistants, and all other persons or entities, including other participants, from any and all liability for damages, losses or injuries to the person or property of the undersigned. The parents or guardians understand that they are signing for the minor(s) listed on this form and the signature is for both a medical and liability release.

RULES OF BEHAVIOUR EXPECTED FROM EACH STUDENT: 1) No alcohol, drugs, tobacco permitted. 2) Participation with the group is expected. 3) No guys in girls' sleeping quarters (and visa versa). 4) Respect one another, staff and adult leaders. 5) Respect property. 6) Respect and comply with event schedules. 7) No walkmans or radios. **FAILURE TO COMPLY WITH THESE EXPECTATIONS COULD RESULT IN YOUR CHILD BEING SENT HOME AT YOUR EXPENSE.** Specifically, this means you may be required to pick up your child at any activity. This includes behavior at regular Bible studies, and events whether at church or not.

My child has permission to attend all church sponsored youth/children's activities, including, but not limited to the following list: Cook-outs, boating, basketball, roller skating, roller-blading, skateboarding, broomball, games in the park, soccer, volleyball, softball, baseball, water parks, camping, retreats, repelling, hiking, biking, games, concerts, Bible studies, miniature golf etc. **NOTE:** If you desire to limit your child's participation in any event, please inform GSPC in writing in advance of that event.

Parent's Signature _____ Date _____

Student's Signature _____ Date _____