



11100 College Boulevard
Overland Park, Kansas 66210
(913) 345-1256

From August 1, 2018
to August 31, 2019

Student Permission / Behavior / Medical Form

Child Permission

Child Name _____ Grade (Aug. 2018) _____ Date of Birth _____
Child Address _____ Child Cell Phone (____) _____
Name of School _____ Child E-Mail Address _____

I give permission for my child to attend and/or travel with Grace Covenant Presbyterian Church for sanctioned activities with staff and other designated leaders. I release Grace Covenant Presbyterian Church from liability should my child be injured in any way while participating or traveling with Grace Covenant Presbyterian Church. I give permission for the leaders to take whatever steps may be necessary to obtain emergency medical care as warranted. These steps may include, but are not limited to the following:

- 1) Attempts to contact a parent or guardian.
- 2) Seeking medical examination and treatment for injuries or conditions by medical professional.

I understand that it is my responsibility to resubmit this form if any changes occur regarding medical insurance or the health of my child, and that any expenses incurred in necessary emergency (or other) medical treatment will be paid by the child's medical coverage or the family.

Photo Permission (Please check one of the boxes below)

- I give GCPC permission** for my child to be photographed or recorded with video and/or audio during youth events. I understand that these pictures and/or recordings may be used on church publications, church website, Facebook or other forms of communication distributed by Grace Covenant Presbyterian Church.
- No I do NOT give permission** for my child to be photographed or recorded with video and/or audio during youth events.

Parent or Guardian Signature **X** _____ Date: _____

Student Behavior Agreement

I understand that GCPC staff and leaders will determine what is appropriate behavior, and I agree that I will participate fully, behave appropriately and act respectfully toward those with whom I participate, travel and work. I understand that I represent Jesus Christ and GCPC, and will behave accordingly. Regardless of age, I agree I will not have in my possession or use anything which is or could be considered a weapon; any type of explosive device including firecrackers; and chemicals of any kind including, but not limited to, energy drinks, tobacco, alcohol or any other drug, unless they are listed on my medical form as prescribed medication. If I have an item in my possession on a trip when it is not allowed for use, it may be confiscated and returned at the end of the trip or event. I understand that if my behavior is deemed to be disruptive or destructive, my parents will be notified and I may be asked to leave or be sent home at my expense.

I agree that as a parent/guardian it is my obligation to explain this behavior agreement in a manner which my child will understand.

Student Signature **X** _____ Date _____

Parent or Guardian Signature **X** _____ Date _____

Friends at Grace Covenant

Please list a couple of friends with whom your child feels close.

Name _____ Grade _____ Name _____ Grade _____

Student Medical Information

Parent Name _____ Cell Phone (____) _____

Parent 2 Name _____ Cell Phone (____) _____

Home Phone (____) _____ Other Phone (____) _____

Parent(s) Address (*if different than child*) _____ State _____ Zip _____

Emergency Contact (*in case parents cannot be reached*) _____ Phone (____) _____

Medical Insurance Company Name _____

Policy (Member) # _____ Group # _____

Clinic/Doctor's Name _____ Phone (____) _____

Parent Employer(s) _____

My child routinely receives medication Yes No (If yes, complete Section 1)

My child has allergies or diet restrictions Yes No (If yes, complete Section 2)

My child has a special health, learning or behavioral condition Yes No (If yes, complete Section 3)

Date of my child's last tetanus shot _____

Section 1 – Medication Agreement

I understand that GCPC is not responsible for administering medication to my child and that they are not liable if my child takes the wrong dosage of medication. I also understand that if my child attends GCPC programming with a hypodermic needle, it needs to be kept in an enclosed package. If appropriate, medication may be held by a staff person or designated leader. All hypodermic needles will be kept by a staff person or designated leader. In the event that my child needs medication, my child will let a staff person or designated leader know.

Name of medication(s) and dosage(s) and reason(s) _____

Section 2 – Allergies or Diet Restrictions

List all allergies and/or diet restrictions _____

Section 3 – Special Conditions

Specify and describe your child's special health, learning, behavioral condition as well as any special care we may need to administer _____

(Signature of Parent or Guardian)

(Notary Signature)

(County)

(Date)

(My Commission Expires)

The medical information provided on this form is considered confidential and only shared with church staff, youth group advisors, volunteers, and medical providers as minimally necessary to provide medical care to the student.