**CONSENT AND MEDICAL PERMISSION FORM**

Grace Community Church 9160 Marshall Road Cranberry Township, PA (724) 779-7997

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

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| SCOPE: **ALL ACTIVITIES** FOR DATE PERIOD **September 2019** THROUGH **August 2020** |
| CHILD/STUDENT NAME:  BIRTHDATE:      GENDER:      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: |
| MOTHER’S PHONE #’S - DAY:      NIGHT:      CELL:  FATHER’S PHONE #’S - DAY:      NIGHT:      CELL:  CALL FIRST: **MOTHER** **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? **YES** **NO** GROUP #: |
| IS YOUR CHILD ON ANY MEDICATION? **YES** **NO** IF YES, LIST:  MY CHILD HAS THE FOLLOWING PHYSICAL CONDITION THAT MAY REQUIRE SPECIAL ATTENTION:  DIABETES HYPERVENTILATION CONVULSIONS SEIZURES ALLERGIES (PLEASE SPECIFY)  OTHER (PLEASE SPECIFY):  MY CHILD REQUIRES SPECIAL ACCOMMODATIONS OR HAS SPECIAL ACCESSIBILITY NEEDS?**YES****NO** IF YES, EXPLAIN: |
| IS IT OK TO USE PICTURES OF YOUR CHILD/STUDENT ON THE CHURCH WEBSITE? **YES** **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:**

**DATE:**

**(BY SIGNING YOU AGREE TO ALL TERMS ABOVE AND THAT YOU ARE THE PARENT/LEGAL GUARDIAN OF THE CHILD LISTED ABOVE)**