

Grand Parkway Baptist Church
Medical Information, Publicity Release and Commitment Contract
JANUARY 2010- DECEMBER 2010

(THIS FORM MAY BE PHOTOCOPIED WHEN COMPLETED. PRINT CLEARLY. USE BLACK INK.)

Youth's Name Home Phone Number Cell Phone Number (if applicable)

Home Address City Zip

E-mail address Grade School

Social Security Number Date of Birth

Date of last Health Exam Tetanus Shot T.B. Test

Youth's Doctor /Clinic Phone Number

Fathers Name Work Phone Number

Mother's Name Work Phone Number

HEALTH STORY: (Check those that apply)

DISEASES: Chicken Pox Measles German Measles T.B.

ALLERGIES: Animals Food Insect stings Medicine/drugs Plants Pollen Other
If any checked please

explain: _____

SHOT RECORD: Hepatitis A Hepatitis B Tetanus Shot

CHRONIC OR RECURRING ILLNESS:

Ear infections Contact lens wearer Heart defect/disease Seizures Bleeding disorder
 Asthma Diabetes Other (specify) _____

IN THE LAST YEAR: (ANSWER YES OR NO)

Complicating medical problems/operations? _____ Serious injury/illness requiring medical care? _____

Please explain: _____

SPECIFIC INSTRUCTIONS CONCERNING MY CHILD'S Care: _____

HOSPITAL INSURANCE INFORMATION: * Please attach photo copy of insurance card.

Name of Carrier Policy Number Group Number

Insured's name SS#

Company name if insured through employer:

Family member(s) who may be contacted in case of emergency to authorize treatments:

Name Day Phone # Evening Phone # Relationship

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TRANSPORTATION

I understand that youth leaders must obtain the written consent of parent/guardian for every youth wishing to participate in an activity or outing that is held at a different place and time from the regularly scheduled group meeting. I accept responsibility for the transportation of my child to and from any Youth activity and recognize that transportation to and from Youth events is not the responsibility of Grand Parkway Baptist Church. I recognize that the driver of any such van or bus service that I arrange is not acting as an agent of Grand Parkway Baptist Church. It is my expressed intention to hold Grand Parkway Baptist Church and its Staff/Volunteer leaders, harmless for any and all injuries, death or damages from the results of any such transportation.

Initials _____

Youth Activities

I give permission for my youth to attend activities at Grand Parkway Baptist Church and to go on trips away from the church site. I give my permission for G.P.B.C authorized sponsors to chaperone overnight events, which may include 1 sponsor in a room, unsupervised, with my son/daughter and another student of the same sex.

Initials _____

PUBLICITY RELEASE

My signature on this day allows Grand Parkway Baptist Church to use photographs, voice, and/or videotapes of my child for Youth Public Relations. The information disclosed on this form may be released to Volunteer/Staff responsible for this activity, including, but not limited to group leaders, drivers, medical personnel, etc.

Initials _____

Commitment Contract

1. All students must obey all GPBC leadership without question or hesitation.
2. Students are to be on time to all activities.
3. Students are not allowed to bring the following items: alcoholic beverages, tobacco products, illegal drugs, fireworks or knives.
4. No portable games, CD players, MP3 players or cassette players unless permission is given.
5. No magic cards, Tarot cards.
6. No inappropriate t-shirts or revealing clothing.
7. One-piece bathing suits only are allowed.
8. No complaining or foul language may be used.
9. All students must fill out forms and turn in money on time. If I cannot pay the full amount, a promissory agreement must be signed before my child/I go on a trip.
10. Students must participate in all activities unless waived by GPBC Staff.

Parent Agreement

I (we), the parent(s), legal guardian(s), or custodian(s) of the child/children named above, knowingly release, absolve, INDEMNIFY, AND HOLD HARMLESS Grand Parkway Baptist Church, as well as its' employees, officers, directors, agents, representatives, affiliates, successors, and assigns from any and all causes of action of any kind whatsoever, whether in statute, contract, or tort (INCLUDING CLAIMS OF NEGLIGENCE), which in any way relate to or arise from the child's activities at or sponsored by Grand Parkway Baptist Church.

In the event the child/children named above is/are injured while in the care of Grand Parkway Baptist Church and require(s) the attention of a doctor, I (we) consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital employee refuse to administer without our consent, I (we) hereby authorize the Director of Youth Ministries, and/or representatives of Grand Parkway Baptist Church to give consent for us if we cannot be reached by telephone at one of the numbers listed above, or if because of an emergency, there is not time or opportunity to make a telephone call. In the event that it becomes necessary for one of these persons to give consent for us, we agree to hold such person, as well as Grand Parkway Baptist Church, free and harmless and agree to INDEMNIFY such person, as well as

Grand Parkway Baptist Church, from any claims, demands, or suits for damages (INCLUDING CLAIMS OF NEGLIGENCE) arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician.

Parent Signature and Date

Student Agreement

I have read and understand these rules and agree to obey them during my Grand Parkway Baptist youth experience.

Youth Signature and Date

THIS FORM EXPIRES DECEMBER 2010.