

REGISTRATION & MEDICAL

STUDENT MINISTRY

Grace Bible Church

Student's Information

Student's Name:		Prefer to be called:	
Male/Female (circle)	Cell Phone:	Email:	
Birthdate:	Grade:	Age:	School:
Address:			
City:		State:	Zipcode:
Would your student like to receive text updates about upcoming events?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Information

Parent/Guardian:		Parent/Guardian:	
Cell Phone:	Cell Phone:		
Work Phone:	Work Phone:		
Email:	Email:		
Would you like to receive text updates about upcoming events?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact if parent/guardian is unable to be reached

Name:	Phone:
Relationship to Student:	

Person(s) authorized to pick up my child:

Name:	Phone:
Name:	Phone:

Health Information

Do you have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance Provider:	Policy or Group #:
May we administer Tylenol/Advil to your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Food allergies: <input type="checkbox"/> Peanut <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Dairy <input type="checkbox"/> Gluten <input type="checkbox"/> Eggs <input type="checkbox"/> Other:	
Other allergies:	
Medical Conditions/Physical Limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Any other information you think we should know:	

To my knowledge the information on this form is correct. I understand that this information will remain on file and be considered valid while my student remains in GBC ministry unless updates are provided to the church.

Parent/Guardian Signature: _____ Date: _____

**Please fill out the flip side of this form which includes permissions and authorizations.*

My student plans to participate in:

Nursery Children's Church Sunday School Awana LINK

Parent/Guardian's Authorizations: Please initial EACH box.

	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT grant permission to GBC to use my student's image on printed promotional materials used by the church as well as to post my child's image on GBC social media and website.
	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT grant permission to GBC to use my student's name along with their image on the GBC website.
	I agree to assume and accept all risks and hazards inherent in church-related social activities and to not hold this church, its employees, or volunteers liable for damages, losses, or injuries to the person or property undersigned. I understand that I am signing for the student listed on this form for both a medical and liability release.
	In case of emergency, I hereby give permission to the physician or hospital to hospitalize, secure the proper diagnostic, laboratory and radiological procedures, and to order any necessary medications, injections, anesthesia, intravenous therapy, or surgery for my student as named above, excluding those procedures listed below.
	Procedures to be excluded from medical care if emergency contacts cannot be reached within a timely manner:
	If my student has a fever, excessive cough, green or yellow runny nose, discharge in or around the eyes, a communicable or unexplained rash, head lice, untreated strep throat, or is in the contagious stage of any illness, I will not send them to Sunday school, children's church, Awana, or youth group. My student will wait a minimum of 24 hours after the last bout of vomiting and/or diarrhea before joining his/her class.
	I understand that GBC may administer temperature checks and confirm the absence of the following symptoms (sore throat, diarrhea, vomiting, nausea, abdominal pain, a new uncontrolled cough that causes difficulty breathing, a new onset of a severe headache) before admitting my student into the group.
	During Sunday School hour my student(s) age 3 - 12th grade will either be in a Sunday School classroom or accompanied by a parent.
	I will promptly pick up my child(ren) after Children's Church, Sunday School, Awana, and/or youth group. If I will be more than 10 minutes late I will make every effort to contact the adult in charge to make other arrangements.
	I give consent for my student to participate in activities held off church grounds.

I acknowledge that the church has the right to crop or edit the photograph(s) or video(s) at its discretion. I also acknowledge that the church may choose to use a photograph or video at a later date and that once the media is posted on the church's website, the media can be downloaded by anyone, anywhere in the world. Therefore, I agree to indemnify and hold harmless the church, its pastor, associate pastors, elders, deacons, its members and designees from any claims arising out of the use of the photograph(s) or video(s).

Parent/Guardian Signature: _____

Date: _____