

Personal Contact Details

Child's full name: _____

Parent's Name(s): _____

Date of Birth: / / Preferred Name: _____

Address: _____

Phone: _____ Mobile: _____ E-mail: _____

Alternate emergency contacts:

1. Name: _____ Relationship to child: _____ Phone: _____

2. Name: _____ Relationship to child: _____ Phone: _____

Names of other persons authorized to pick up your child/ren in your absence, while in the care of GBC:

1. _____ 2. _____

Are there any family situations we should be aware of ? (custodial issues, other matters)

Privacy Information

*This information has been collected for the primary purpose of **Grace Bible Church** and may be used for any activities conducted or promoted by Grace Bible Church.*

Permission to Participate in Program Activities

I consent to my child taking part in the approved program of activities of Grace Bible Church.

Signed _____ Date _____

Please Complete Reverse Side

Permission to View Videos/Programs/Movies

I consent to my child viewing curriculum material/movies rated (G) General.
I understand that all material will be previewed by a leader to check suitability.

Signed _____ Date _____

Permission to be Photographed or Filmed

I give my permission for my child to be photographed or videoed. I understand that the image may be displayed in the church publications, church buildings, social media or website. I understand that as a precaution my child's name will not be published or linked with photographs.

Signed _____ Date _____

Confidential Medical Report

The information below is requested to assist in case of any illness/accident. All information will be kept confidential.

1. Please check if your child suffers from any of the following:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Heart condition _____ | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Asthma | |

2. Is your child presently taking medication? Yes / No *If yes, please state the name of the medication, dosage, etc.*

_____ Does your child self-administer? Y / N

3. Allergies: _____ Reaction: _____ Epi pen? Y/N

4. Please list any physical/special needs/dietary restrictions:

I authorize the PreK Director/Kids Pastor of the above mentioned group to arrange for my child to receive emergency medical treatment as the leader/s may deem necessary at any time during the activities of **Grace Bible Church**.

I understand every effort will be made to contact me/responsible party prior to medical treatment.

I further authorize the use of ambulance and/or medication by a qualified medical practitioner if in his/her judgement it is necessary.

I do hereby release the above stated organization from any legal or financial obligation due to the injury of my above named minor.

It is my responsibility to notify the director if any information changes.

Signature of
Parent/Guardian: _____ PRINT Name: _____ Date _____