





**Medical Information**

To be completed in detail for ALL Participants Please use additional sheet to describe symptoms of allergies and details of illnesses or health restrictions

Each student’s medical background is required as part of students registration process. The coordinator must be advised in writing of any conditions that would limit the student’s ability to participate in any programs

(Please circle all that apply)

**Allergies**

Insect Bites/ Stings  Hay Fever  Poison Ivy/ Oak  Other

Please specify any accommodations that are needed \_\_\_\_\_

**Food Allergies and Dietary Restrictions**

Vegetarian  Vegan  Kosher  Allergy  Other

Please specify any accommodations that are needed \_\_\_\_\_

**Health Concerns**

Ear Infections  Asthma  Diabetes  Convulsions  Skin Conditions  Incontinence  Sleep  Other

Please specify any accommodations that are needed \_\_\_\_\_

**Education**

I.E.P.  Traditional  Special Education  Other

Please specify any accommodations that are needed \_\_\_\_\_

**Disabilities**

ADD/ADHD  Emotional Disability  Learning Disability  Physical Disability  Visual Disability  Deaf/Hard of Hearing  Behavioral Problems  Other

Please specify any accommodations that are needed \_\_\_\_\_

**\*\* If an inhaler is used, send two. One will be kept at our office in case one is lost.\*\***

I do  do not  give permission for my child/ward to self administer his/her inhaler at after school program if a staff feels its safe and appropriate.

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Co \_\_\_\_\_ Policy # - \_\_\_\_\_

**YOU MUST ATTACH A RECORD OF IMMUNIZATIONS AND MOST RECENT SCHOOL PHYSICAL. IT MUST BE SIGNED BY A DOCTOR.**

This health history is correct, so far as I know, and the person herein described had permission to engage in all prescribed activities except as noted

Parent/ Guardian signature \_\_\_\_\_ date \_\_\_\_\_



### Transportation

All students upon boarding our bus are not released from our charge without proof of authority for removal and approval of the bus driver while in transit. Garden of Prayer has my permission to release my child to the following people. Your child will NOT be released to any person not listed below. All students must have on file an authorized statement from the parent or guardian naming persons to whom the student may be released. Attach additional sheet, if necessary.

Name and Phone Number(s) of person(s) **other than parents** allowed to pick up your child

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Cell Phone \_\_\_\_\_

Any special instructions, such as custody or restraining orders must be attached to this application. All information will be kept confidential

### Drop off and Pick up Agreement

(I) \_\_\_\_\_ agree to the following

- I, the parent/guardian, agree to pick up, or make arrangements for my child to be picked up, as soon as possible, if the after school program staff notifies me that my child has become ill during after school program. (Initial) \_\_\_\_\_
- I do\_\_ do not\_\_ give my child/ward permission to walk home immediately following after school program sessions.(Initial) \_\_\_\_\_

**Signature of parent or guardian of student**

X \_\_\_\_\_ Date \_\_\_\_\_



Consent Form

Student Name \_\_\_\_\_

I \_\_\_\_\_ hereby agree as the follows:

Print Name of parent/guardian

I agree that my child is voluntarily participating in the activities offered by GOPYC including but not limited to, the use of the equipment, facilities, and premises I am assuming, on behalf of myself and/ or my child/ward, all risk of personal injury, death or disability to my child/ward that might result from said participation, or any damage, loss or theft of any personal property which I or my child/ward my incur.

I understand and accept these guidelines \_\_\_\_\_
Parent/guardian signature

Garden of Prayer does not discriminate on the basis of race, color, sex, handicap, religion, or national origin. GOPYC reserves the right at its sole discretion to refuse an application or dismiss a child from afterschool program.

I understand and accept these guidelines \_\_\_\_\_
Parent/guardian signature

I give GOPYC permission to photograph and/ or videotape my child for public relations and / or marketing purposes. Photos will remain archived with GOPYC and can be used for promotional purposes without notification.

I understand and accept these guidelines \_\_\_\_\_
Parent/guardian signature

I give permission to GOPYC to transport my child for the purpose of field trips and / or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/ or scheduling conflicts without notice.

I understand and accept these guidelines \_\_\_\_\_
Parent/guardian signature

I authorize GOPYC management to act as the agent of parents in any emergency situation for the health and welfare of the student involved. I am responsible for the expenses involved if the services of a physician or hospital are required.

I understand and accept these guidelines \_\_\_\_\_
Parent/guardian signature

I agree on behalf of my child/ward and their successors, heirs, and assigns to hold Garden of Prayer Youth Center and it's affiliates, instructors, directors, agents, employees, licensors, as well as the property owners harmless from any and all causes of action arising out of my child's/ward's participation

I understand and accept these guidelines \_\_\_\_\_
Parent/guardian signature

I hereby grant permission for Garden of Prayer Youth Center to obtain any needed information regarding my child from his/her school staff, including academic and behavioral records and conversations with teachers, counselors and other administrative staff.

I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of ALL liability and waiver and right that I may have on behalf of myself and or my child/ward to bring any legal action or assert a claim for injury or loss of any kind against Garden of Prayer Youth Center.

I have read the above, been given the opportunity to ask questions, considered its effects, understand it's content, and agree to the terms stated above

Signature of Parent/Guardian \_\_\_\_\_

date \_\_\_\_\_