



2019 Student Safety Pack

Medical Authorization for Grapevine Baptist Church

Please print legibly in dark ink.

1. PERSONAL INFORMATION

Youth Name _____
Parent/Guardian Name _____
Address _____
Phone (home) _____ (work) _____
Physician _____ Phone _____

2. INSURANCE INFORMATION

Company _____ Group _____ Policy # _____

3. MEDICATION INFORMATION

Is this youth on prescribed medicine? Yes No – (If Yes, please answer the following.)

Medication _____ Dosage/ Time _____ Reason _____
Medication _____ Dosage/ Time _____ Reason _____

While participating in youth activities, can youth be given...

_____ Tylenol for headache? _____ Pepto-Bismol for upset stomach?

4. ALLERGY INFORMATION

List all known allergies, including medication, food, and others. Note any special treatments (prescription allergy medicine, bee sting kit, etc.) If needed use the back of this page.

5. TETANUS IMMUNIZATION

___ My child's tetanus shot is up to date

6. OTHER

Are there any medical conditions of which we should be aware while your youth is under our care?

I acknowledge that I have been informed that my youth will participate in physical activities while with Grapevine Baptist Church during and to the end of the year 2017 which carry a degree of risk, although every effort is made to make all youth activities safe and enjoyable.

I understand that the Grapevine Baptist Church staff will attempt to reach me in case of a medical emergency involving my child. If the church staff cannot reach me, then I give my permission to the church staff to hire a doctor, and I give my permission to the doctor to provide the medical services deemed necessary. I will pay for medical expenses so incurred.

I also give my permission to the church staff to limit my child from participation in any activity for which the staff believe there may be a health concern or any other concern.

I will NOT hold the Grapevine Baptist Church, its officers or the church staff responsible for any injuries or accidents that might occur while attending youth activities.

Parent/ Guardian Signature

Date

Student Information and Code of Behavior Agreement

Will follow the leadership of the adult chaperones on the trip

Respect shown to each other at all times

No alcohol or drugs permitted

No extreme horseplay

Use of tobacco products will not be permitted

Not in the room of the opposite sex

At all scheduled events on time

Understand that you are on this trip for spiritual growth

Have fun

I understand that if my child does not honor the behavior agreement that my child could be sent home. I also understand that it will be my financial responsibility to get my child home.

Student

Date

Parent/Guardian

Date