



Student Information

Full Name: _____ Nickname: _____
Home Address: _____
Home Phone: _____ Birthday: ___/___/___
Student Lives with: _____ Relationship: _____
Food Allergies: _____
Acute/Chronic Health Problems: _____
Medications: _____
Physician: _____ Phone: _____
Dentist: _____ Phone: _____
Health Insurance Company: _____ Phone: _____
Policy # _____ Group # _____
Siblings: _____

Parent/Guardian Information

Father/Stepfather: _____ Mother/Stepmother: _____
Address: _____ Address: _____
/ _____
Place of work: _____ Place of work: _____
Home phone: _____ Home phone: _____
Work phone: _____ Work phone: _____
Cell phone: _____ Cell phone: _____
Email address: _____ Email address: _____
 Would like information sent to both addresses.

In Case of Emergency list in order who to call first

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Carpool Information:

The following families may pick up my child(ren) _____

**Cornerstone of Faith
Grace Christian School
Student Medical, Liability,
Permission, Release Form**

| |
|--|
| Student's Name: |
| Address: |
| City, State, Zip: |
| Date Of Birth: |
| Mom's Name: |
| Dad's Name |
| Mom's Phone #: (H) _____ (W) _____ (Cell) _____ |
| Dad's Phone #: (H) _____ (W) _____ (Cell) _____ |
| Family Doctor: Name: _____ Phone #: _____ |
| Medical Insurance Company Name: _____ Phone #: _____ Policy #: _____ Group #: _____ |

1. Is your child presently being treated for an injury or sickness, taking any medication, or carrying any emergency medication? Yes / No

| Medication | Dose | Taken For: |
|------------|------|------------|
| | | |
| | | |
| | | |

2. Does your child have any allergies or allergic reactions to any form of medications? Yes / No

3. Does your child require a special diet of any kind? Yes / No

4. Does your child have any physical handicap or illness preventing his / her participation in any physical activity? Yes / No

5. Does your child sleep walk? Yes / No

6. Circle one of the following:

My child CAN / CANNOT swim

PARENT GUARDIAN: MEDICAL TREATMENT CONSENT

I, the undersigned being the parent or legal guardian of the child named herein do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment which may be deemed necessary for my minor child. Furthermore, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leadership to make decisions necessary for my child's treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor. I furthermore understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Furthermore, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. The policy of the church or organization sponsoring this event will be used as the secondary coverage. In addition, I agree to notify Cornerstone of Faith / Grace Christian School in the event of any health changes which may restrict my child's participation in any youth activities for which this form stands.

PARENT / GUARDIAN: PERMISSION & LIABILITY RELEASE

I, the undersigned being the parent / legal guardian of the child named herein do hereby consent to the participation of my child in all Cornerstone of Faith / Grace Christian School activities and trips for the current year. This will include all activities both on and off-site, including trips and retreats. I certify that my child is physically able to participate in such activities except as noted on this form otherwise. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child. Furthermore, I agree to notify the Cornerstone of Faith / Grace Christian School about any changes to the information provided on this form. I understand all reasonable safety precautions will be taken by the leaders of this activity, and the possibility of an unforeseen hazard does exist. I hereby acknowledge my awareness that participation may expose my child to risk of property damage and bodily or personal injury, including injuries that may prove fatal. I understand that the risks my child may be exposed to include the following: motor vehicle accidents, injury from falls, drowning, exposure to inclement weather, exposure to cold water, injury from animal or insect bites, cuts and abrasions from normally occurring elements, as well as any and all risks that may not be foreseeable. I agree that I will discuss with my child the importance of following all directions of the activity leaders. For the sole consideration of Cornerstone of Faith / Grace Christian School arranging for my child to participate in all activities occurring in the current year. I hereby release and discharge Cornerstone of Faith / Grace Christian School, its officers, agents, volunteers, and employees from any and all claims, demands, rights, and causes of action of whatever kind that I may have, either in my own behalf or in my capacity as legal representative of my child, arising from or in any way connected with my child's participation in these activities.

Date

PRINTED NAME of parent / legal guardian of child listed above

SIGNATURE of parent / legal guardian of child listed above

Grace Christian School
Yearly Field Trip Parental Agreement Form
School Year _____/_____

Name of Participant: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Name of Parent(s) or Guardian (if above is a minor) _____

Emergency Name and Phone _____

Medical Insurance Information:

| Name | Member# | Group# |
|------|---------|--------|
|------|---------|--------|

Permission is hereby granted for the above-named person to participate in ALL school sponsored events. In case of accident or injury, permission is granted for medical treatment to be administered, as needed.

I/we acknowledge that, in the event of an injury or accident, our own medical insurance takes priority. In the case that *I/we* are not adequately insured in the case of injury or accident, *I/we* agree personally to assume the risks of ourselves and our family.

I/we agree to be responsible to pay for said transportation to transport my child home if they disqualify themselves during the event. Disqualifications may occur if my child commits a major violation such as inappropriate conduct with the opposite sex, possession and/or use of tobacco, alcohol, or illegal substances, or unwillingness to follow the instructions of the leader in charge. The leader in charge will determine if disqualification is necessary and parents will be contacted.

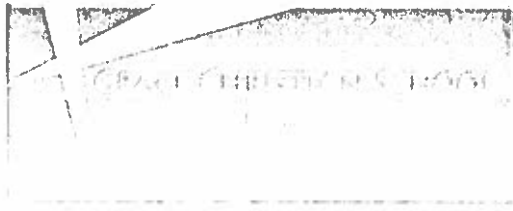
I/we agree to not hold Grace Christian School or the staff/chaperones of this activity responsible in case of an illness, accident, or accidental death that my child might incur while on activity or being transported to or from his activity.

Signature of Parents:

Student Agreement:

I agree to abide by the policies and rules set forth by the chaperones of this event. If I have difficulty doing this, I understand that the chaperones may call my parents, which may result in me having to return home early before the completion of this activity, at my own expense.

_____ Student



Grace Christian School
School Photo Release Form

2016-2017

I, _____, give Grace Christian School permission to use photos and/or video of my student, _____, in any category I have checked off below.

Posted in hallways or classrooms at school

School Website (gcs.gladstoneaog.org)

School's Social Media sites

Advertising Materials

School Newsletters

By signing this form, I release Grace Christian School, Cornerstone of Faith Church, their staff, and any affiliated member from all liability related to the ownership and use of the photos and video used in accordance with the instructions in this form.

Parent's Signature: _____

Date: _____

Grace Christian School Internet & Computer Use Policy

Grace Christian School (GCS) believes that the benefits to educators and students from access to the Internet in the form of information resources and opportunities for collaboration exceed any disadvantages of access. Ultimately, parent/guardians of minors are responsible for setting and conveying the standards that their child should follow.

Every computer user has the responsibility to respect and protect the rights of every user in our community and on the Internet. GCS students are expected to act in a responsible, ethical, and legal manner. Using online services is a privilege, not a right, and the privilege may be revoked at any time for unacceptable conduct.

Unacceptable conduct includes, but is not limited to, the following:

- Using online services for any illegal activity, including violation of copyright for other contracts.
- Using online services for financial or commercial gain
- Degrading or disrupting equipment or system performance
- Vandalizing the data of another user
- Wastefully using finite resources
- Gaining unauthorized access to resources or entities
- Invading the privacy of individuals
- Using an account owned by another user without authorization
- Posting personal communications without the author's consent
- Posting anonymous messages
- Placing of unlawful information on a system
- Using abusive or otherwise objectionable language in either public or private messages
- Sending of "chain letters" or "broadcast" messages to lists or individuals and any other types of use that would cause congestion of the networks or otherwise interfere with the work of others
- Accessing pornography or other information or graphics intended for adults only
- Accessing social media or other non-school-related websites during class hours

No student shall be permitted to access the Internet at GCS without an adult present at all times, and all students are required to follow the directions of the supervising teacher or TA regarding Internet usage. It is possible for all users of the Internet (including your child) to access information that is intended for adults only. Although GCS has taken reasonable steps to ensure the Internet connection is used only for purposes consistent with the curriculum and purposes of the school, GCS cannot prevent the availability of inappropriate material elsewhere on the Web. Computer security cannot be made perfect and it is likely that a determined student could make use of computer resources for inappropriate purposes. Therefore it is the responsibility of every student to hold her/himself to a high standard of ethical behavior regarding Internet access at school, acknowledging that all infractions will be dealt with according to the standards laid out in the GCS Handbook.

Student Signature

Parent Signature

Print Name

Print Name

Date

Date