

Grove City Alliance Church



Dear Parents,

We want to do the best possible job in ministering to your child with special needs. Please take the time to fill out this Family Application. Completing this form will provide us with important information that will aid us in working with your child. Thank you in advance for trusting us with your precious son or daughter. We take that responsibility very seriously.

Once this form is turned in, our Parent Liaison will be contacting you to develop the best plan for integrating your child into the Children's Ministries here at Grove City Alliance Church.

If you have any questions or concerns, don't hesitate to contact us. You can reach Kelly Haux, the Children's Director at 724-458-8497 or at khaux@zoominternet.net.

Grove City Alliance Church
845 N. Liberty Road
Grove City, PA 16127
724-458-8497

Medical Form

Name of Child: _____ Age: _____ Date of Birth: _____

Names of Parents/Guardians: _____

Phone Numbers: _____ Home
_____ Cell #1 (Who? _____)
_____ Cell #2 (Who? _____)

E-Mail Address: _____

In Emergency Notify: _____ Phone _____

Primary Care Physician: _____ Phone: _____

Dentist Name: _____ Phone: _____

Health Insurance Name: _____ Policy # _____

Allergies: _____

Drug (or other) Intolerances: _____

Diagnoses: _____

Present Medications:	Name	Dose
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Note: GCAC will NOT administer any medications.)

In case of an emergency take child to Children's Hospital Other _____

Are you interested in your child being a part of our Buddy Program? Yes No

Health History:

Does your child have seizures? Yes No

Does your child need bathroom assistance? Yes No

Does your child need assistance eating/drinking? Yes No

Does your child have any activity restrictions? Yes No

Please List: _____

Other Specific Needs:

Oxygen Drooling/Risk of Aspiration Gagging/Choking

Frequent Bathroom Visits Any Positioning Needs

Wheelchair Asthma/Inhalers Allergies Requiring Epi-Pen

Any Other Specific Medical Needs GCAC needs to be aware of:

Communication Skills: _____

Reading Level: _____ **Writing Level:** _____

Child's Strengths: _____

Child's Weaknesses: _____

Child's Gifts or Talents: _____

Activities Child Enjoys: _____

Child's Phobias/Fears: _____

Does your child display behaviors that might disrupt class? If so, what do you normally do to control those behaviors?

Any Additional Information we should know? _____

Liability Release Form

Every activity sponsored by Grove City Alliance Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent/custodial parent/legal guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parent/custodial parent/legal guardian understands that they are signing for the minor or adult listed on this form and the signature is for both a medical and liability release.

I consent to the agreements stated above on this Medical and Liability Release Form. I have the legal right to issue such consent.

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the Grove City Alliance Church leadership to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

Signature of Minor's Parent/Custodial Parent/Legal Guardian:

_____ **Date:** _____

Address: _____

Phone: _____

Photo/Video Release:

I give my permission for any pictures, videos or personal quotes of the child on this form to be used for promoting the GCAC Children's Ministry through brochures, newsletters, web sites and any other publicity tools at the Grove City Alliance church.

Signature of Parent/Guardian

Date