



the Orchard  
at Lake Grove Presbyterian Church

CS

TK

## 2013-14 REGISTRATION MEDICAL CONDITION REPORT LIABILITY RELEASE

*This signed form is effective until September 30, 2014.*

**Today's Date:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Circle One: **M** **F**

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in fall of 2013: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ School (if applies 2013-14): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Cell phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Relationship to student if not Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian (if different from child): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

*For the safety of all the children, we request that a PARENT or AUTHORIZED ADULT picks up each child promptly.  
We also require that parents/guardians stay on site during church school, midweek and/or evening activities.*

**Description of Symptoms:** Volunteers and church staff do not treat symptoms. However, are there guidelines to make this child safe and comfortable while waiting for parent/guardian or emergency equipment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Allergies & Special Consideration:*

continue on the back



Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Release:** If I (parent/guardian) cannot be readily reached in an emergency, I authorize paid or volunteer program staff of Lake Grove Presbyterian Church to obtain emergency medical care for my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Liability Release:** I agree that neither Lake Grove Presbyterian Church nor its trustees, representatives, instructors or agents may be held liable in any way for any occurrence in connection with my child participating in a LGPC activity and I indemnify and hold LGPC harmless from any such claim.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for Photography:** I hereby give permission for a church representative, employee, or volunteer to take pictures and/or video of my child. Pictures may be candid or posed and will be used for a variety of communication and identification mediums to include, but not exclusively, such things as brochures, databases, slide-shows, LGPC website, and posters. Circle one: **YES NO**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student Special Consideration Information

*Our dedicated volunteer teaching staff is committed to helping your child learn and grow in the love of Jesus Christ through carefully selected curriculum and fun activities. In order for us to be as prepared as possible to meet the individual needs of your child, please fill in any or all of the information you would like to share below.*

Please share any special considerations that would be helpful for us to know about your child. (For example: death of a parent/grandparent/sibling? Recent divorce/separation? etc...)

\_\_\_\_\_

Does your child have any special physical and/or learning needs? (For example: ADD/ADHD? Delayed speech/language? Reading/learning disability? Activity limitations? Pervasive Developmental disorder/Autism? etc...)

\_\_\_\_\_

What learning environment best suits your student?

\_\_\_\_\_

Communication is always welcome. Would you like a phone call from a member of your students teaching team?

Please circle one: **YES NO**

*Thank you for giving us the opportunity to share the love of Christ with your child.*



the Orchard  
at Lake Grove Presbyterian Church  
4040 Sunset Drive  
Lake Oswego, OR 97035-4318  
503-636-5656  
www.lakegrovepres.org  
follow us on twitter @lgpc\_theorchard