

Branches & Vine Cottage School

3150 W Alex Bell Rd, Dayton, OH 45449 bvcottageschool.com info@bvcottageschool.com

Program/Event Authorization & Medical Consent

September 2020 to June 2021

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Information received is confidential and is being gathered for the purposes of serving your child while in the care of Branches and Vine Cottage School and Calvary Fellowship South Dayton. Any medical information collected here serves only to authorize BVCS and its staff and volunteers to obtain medical assistance in emergencies or administer medication or first aid when parental or guardian contact cannot be made.

Child's Name _____ Date of Birth (MM/DD/YYYY) ____/____/____

Street Address _____ City _____ Zip Code _____

Grade in school this year ____ (if applicable) Age ____ Name of School (optional) _____

Name(s) of adult(s) child lives regularly with? (supply first & last names and relationship to child)

Landline Phone # _____ Email Address _____

Parents'/Guardians' Cell(s) # _____ # _____

The best way to contact me (circle one): Call or Text / Email / Landline Phone

Child's Health Card # (optional) _____ Family Doctor _____

Doctor Phone # _____

Allergies (food, environmental, medications)

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of? If yes, please explain. Yes No

Is your child bringing any medication with him/her? If yes, please list.

Yes No

Do we have permission to administer/supervise medication usage?

Yes No

In case of an emergency, please contact (other than parents/legal guardians): (Please Print)

#1 Name _____ Phone # _____

#2 Name _____ Phone # _____

Church Regularly Attended: _____ No church affiliation

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection during the program. We also feel it is our ethical responsibility to care for them until they are picked up by a family member.

We recognize you may make other pick-up arrangements with us throughout the year, however, would you please supply a short list of persons you expressly authorize to pick up your child after programming (other than parents/legal guardians), who may be regularly doing so. Adults not known to our children's workers will be asked to supply picture ID before children will be released.

#1 Name (first and last) _____

#2 Name (first and last) _____

#3 Name (first and last) _____

Any other instructions or cautions we need to be aware of to serve your child better:

Purposes and Extent

BVCS is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish BVCS to limit the information collected, or to view your children's information, please contact us.

Consent

I/we, the parents or guardians, authorize recognized Staff of Branches and Vine Cottage School to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named, if BVCS Ministry Staff have been unable to contact me/us as parents or guardians.

I/we, undertake and agree to indemnify and hold blameless BVCS, staff, Pastors of Calvary Fellowship South Dayton, and Governing Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the BVCS, as well as of any medical treatment authorized by the supervising individuals representing the church.

Parent/Guardian Signature

I have read, understood and agree with the above and sign it to cover all BVCS events and special activities for the entire program year of September 2020 – August 2021 (applicable to online students only until they re-enter public school)

Parent Signature _____ Date _____

Printed Full Name _____

Photos & Video

Please sign below to grant permission for the reasonable use of photographs or videos containing your child in any or all of the following ways:

_____ Print Promotional Materials

_____ Internal Print Publications

_____ BVCS Website Photos

_____ Internal BVCS Online Publications (email bulletins, email newsletters)

_____ BVCS Website Videos

_____ Internal BVCS Videos

Parent Signature _____

Printed Name _____ Date _____