Guardian Christian Academy
6851 Courthouse Road
Chesterfield, VA 23832
804-715-3210

HEALTH CONSENT AND WAIVER

Guardian Christian Academy
Expires August 31, 2018

Name _____ Birthday _____ /_____ /_____
First Middle Initial Last (Nickname)

❑ Male ❑ Female Grade during 2017/2018 _____

Parent/Guardian _____ Email _____

Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Address _____ City _____ State_____ Zip_____

Second Parent _____ Email _____

Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Alt. Emergency Contact _____

Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Medical insurance carrier _____ Policy# _____ Group# _____

Carrier address_____ Name of insured person_____

Name of family physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Name of parent's/guardian's employment _____ Phone _____

Name of second parent's/guardian's employment _____ Phone _____

Health History (Check)

❑ Frequent Ear Infection ❑ Diabetes ❑ Bleeding Disorders
❑ Heart Defect/Disease ❑ Asthma ❑ Mononucleosis
❑ Seizures ❑ ADD/ADHD ❑ Mumps
❑ Frequent Migraines / Headaches ❑ Chicken Pox ❑ Measles

Allergies (Dates not needed)

❑ Hay Fever ❑ Penicillin
❑ Ivy Poisoning ❑ Insect Stings
❑ Drugs (Specify) _____
❑ Other _____

Chronic or recurring illness or medical condition _____

Other health information that GCA should know (sign and date any additional pages) _____

Dietary restrictions due to health issues _____

Current medications (List prescription, OTC & herbal)

Medication name: _____ Dosage ___ How Often? _____ Reason for taking _____
Medication name: _____ Dosage ___ How Often? _____ Reason for taking _____
Medication name: _____ Dosage ___ How Often? _____ Reason for taking _____
Blood type (if known) _____ Are all immunizations current? _____
(MMR-Date completed:_____; tetanus-Date:_____; hepatitis-Date:_____; Tdap-Date:_____)

Describe your student's swimming ability: Beginner _____ Intermediate _____Advanced _____

As verified by the notarized signature on the reverse, in the event that I cannot be reached I give to any paramedic, medical doctor, or hospital my consent and authorization to render such aide, treatment or care to said student as, in the judgment of the doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an activity sponsored by the school.

The statements below are to be accepted, acknowledged and signed for as a sum total.

I/We, the undersigned parents or legal guardians of _____ (*child's name*), acknowledge that my child's participation in Guardian Christian Academy (*hereinafter referred to as "GCA")* is voluntary, and involvement in activities and events may require traveling or physical exertion. Such activities may include, but are not limited to: P.E., field trips, games, local and regional excursions, and educational activities. I/we acknowledge that even with the best observance of rules and supervision injuries are still a possibility. I/We acknowledge that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in GCA activities, I/we agree to the following:

1. GCA is not responsible for the loss or theft of personal belongings.
2. Misconduct on the part of my/our child may result in transportation home from an activity at my/our expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.
3. I/We acknowledge that proper safety equipment, including, but not limited to, proper headgear, knee, shoulder, shin, and elbow pads, may be required to be worn and used properly by my/our child in order to participate in GCA activities.
4. I/We understand that, and authorize, my/our child's image may be photographed or filmed and may be used in Video/CD/DVD presentations and/or printed publications for promotional purposes. These may include publications, websites, or other forms of social media owned or maintained by GCA or its affiliates but will not be used for the purposes of direct financial gain.
5. I/We hereby relinquish any and all liability for any cause of action for personal injury, property damage, or wrongful death occurring to my/our child arising out of his or her participation in GCA sanctioned events and/ or activities. The terms of this waiver, release, assumption of risk and indemnity agreement shall apply through the expiration date stated on the reverse side, and by this agreement any such claims, rights, and causes of action that my/our child may have are hereby relinquished and my/our child (or parent(s) / guardian(s)) do/does so on behalf of my/our and my/our child's heirs, executors, administrators and/or assigns.
6. I/We understand , acknowledge and assume all risks inherent in the activities and sporting events described in paragraph 5 above, and understand that said sports and activities involve risks to my/our child's person including bodily injury, partial or total disability, permanent or partial paralysis, and death, and damages which may result, and that I/we have full knowledge said risks, and that these risks and dangers may be caused by the negligence of my/our child or the negligence of others. It is further acknowledged that there may be risks and dangers not known to GCA, to us, or are not reasonably foreseeable at this time.
7. I/We acknowledge and understand and assume the risks, if any, arising from the conditions and use of the facilities used in GCA-sanctioned activities and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action, arising from the performance, or failure to perform maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said facilities.
8. I/We acknowledge that I/we have read the above terms and have not relied upon any representations of releases, that I/we are fully aware of and have been advised of the potential dangers of the activities and/or sporting events described above, and sign this agreement voluntarily, understanding that it is necessary to allow the amateur events described above to exist in their present form and presentation.

_____ _____

Parent's/Guardian's Signature Date Notary of Public Signature Date

_____

My Commission Expires

_____ _____

State of City/County of

_____

Notary ID #

NOTE: You must present a photo ID for legal purposes.