Consent to Treat Last Name:_____

Parent/Guardian Name: _____ Phone:_____

Parent/Guardian Name: _____ Phone:_____

This form grants temporary authority to a designated adult at Grace Life Homeschool Community to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it was not feasible to contact them.

Names of all who will be on campus, including yourself and children:

_____ _____

_____

_____

Home Address: _____

Information for Medical Treatment

Physician's Name and Location of Practice: _____

_____

Physician's Phone # _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

_____

Note any other significant medical information, medically significant food allergies, or special needs:

_____

_____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S) This form covers co-op and all activities and field trips sponsored by Grace Life Homeschool Community. To insure prompt attention in case of serious illness or accident, I understand that all reasonable efforts will be made to contact me, but that failure to do so will not prevent emergency treatment to be administered. I grant my authorization and consent for Grace Life Homeschool Community to administer general first aid treatment for any minor injuries or illnesses experienced by myself or my children. If the injury or illness is life threatening or in need of emergency treatment, I authorize Grace Life to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any Xray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

Signed this _____day of_____, 20_____.

Parent / Legal Guardian Signature: _____Printed Name: _____

Witness Signature: _____Printed Name:_____

Liability Release Form

I, the undersigned, and my child/children ("my family") will be participating in Grace Life Homeschool Community ("Grace Life") co-op, other Grace Life activities, and field trips, which may be held at other locations.

I recognize that there are risks involved in participating in any activity and hereby assume all risk of injury, sickness (including COVID-19), harm, damage, or death in connection with my family's participation in this activity. I understand and agree that neither Grace Life, nor its teachers, volunteers, employees, representatives, or other attendees ("the Grace Life community"), nor our host church location ("host church"), its trustees, officers, directors, employees, agents or representatives ("host church staff") may be held liable in any way for any injury, harm, damage, or death that may occur to my family or anyone we may come in contact with as a result of my family's participation in this activity. I hereby release Grace Life, the Grace Life community, our host church, and host church staff from any injury, harm, damage or death, which may occur while my family is participating in the activity or thereafter. To the fullest extent permitted by law, I agree to save and hold harmless Grace Life, the Grace Life teachers and community, our host church, and our host church staff from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my family's participation in the activity.

I understand and acknowledge that neither Grace Life nor our host church provide health or medical insurance in connection with the activity and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my family's participation in the activity.

Name of all participating, including adults: _____

_____

_____

Signed this _____ day of _____, 20____.

Signature _____

Printed Name _____

Witness Signature_____

Witness Name_____