



2023-24

PEP Mason, LLC - Mason Campus

Medical/Release Form

DATE: _____

Father's Name: _____ Home #: _____ Cell #: _____

Address: _____

Mother's Name: _____ Home #: _____ Cell #: _____

Address: _____

Student(s):

1. Student's Name: _____

Birthdate: _____ Grade as of August: _____

Drug/Food Allergies: _____

Medications: _____

Physical Handicaps/Limitations: _____

2. Student's Name: _____

Birthdate: _____ Grade as of August: _____

Drug/Food Allergies: _____

Medications: _____

Physical Handicaps/Limitations: _____

3. Student's Name: _____

Birthdate: _____ Grade as of August: _____

Drug/Food Allergies: _____

Medications: _____

Physical Handicaps/Limitations: _____

See page 5 if you have more than three students at PEP

Medical Information:

Doctor/Practice: _____ Office #: _____

Dentist: _____ Office #: _____

Medical Insurance Co.: _____ Phone #: _____

Name of Insured: _____ Relationship: _____

Policy #: _____ Group #: _____

Emergency Contact Information:

Name: _____

Relationship: _____ Home/Cell #: _____

Name: _____

Relationship: _____ Home/Cell #: _____

Medical Release (Please sign EITHER Statement 1 or 2):

Statement #1: In the event of an emergency, I **authorize** PEP Mason, as agent for me, to consent to any medical emergency treatment such as x-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state where the services are rendered, either at a doctor’s office or in a hospital. *Parents will be notified as soon as possible in the event of an emergency.*

Parent/Guardian Signature: _____ Date: _____

Statement #2: In the event of an emergency, I **DO NOT** authorize the leadership of PEP Mason to act as an agent for me, nor to consent to any emergency medical treatment necessary either at a doctor’s office or hospital. I expect to be contacted as soon as possible in case of emergency.

Note: No matter which statement you choose, if an event appears to be life threatening, PEP will call 911 and further treatment decisions can be made as we reach out to the parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Liability Waiver:

We give permission for our above-named student(s) to attend PEP Mason, LLC - Mason Campus (herein referred to as “PEP Mason”) during the 2023-2024 school year. PEP Mason meets at Grace Baptist Church, 5595 Mason Rd., Mason, OH 45040. In signing below, on behalf of ourselves and the student(s) enrolled at PEP Mason (collectively, the “releasing parties”), we hereby waive and release all rights and claims for damages that we have or may have against PEP Mason and its representatives, board members, employees, successors, volunteers, or agents, and Grace Baptist Church, including its representatives, board members, employees, successors, volunteers, or agents (collectively, the “PEP Mason parties”). As a condition of enrollment at PEP Mason, the releasing parties agree to waive, release, and hold harmless the PEP Mason parties from any and all present and future claims, lawsuits, actions, liabilities, demands, damages, costs, expenses, loss of services, actions, and causes of action whatsoever for, upon, or by reason of, any present or future loss, injury, disability, or damage of any kind whatsoever (whether to person, including death, or to property, and whether negligent or otherwise), anticipated or unanticipated, at any time arising out of my student’s(s’) enrollment at PEP Mason. The releasing parties specifically agree that the PEP Mason parties will not be held responsible for any damages or injuries to the student’s(s’) person or property resulting from the negligence, recklessness, or willful misconduct of third parties not under PEP Mason’s direct control, and that the releasing parties will not bring any lawsuit or other action against the PEP Mason parties seeking compensation for any and all damages or injuries arising from such events.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Both parents/guardians must sign)

Photo/Media Release:

I, (hereafter “Student”), do hereby irrevocably authorize Providence Extension Ministries, Inc. (hereafter “PEM”), PEM’s legal representatives, assigns, affiliates, subsidiaries, and those acting under PEM’s permission and on PEM’s authority, to copyright, publish, and use in all forms and media and manners for advertising, trade, promotion, exhibition, website, yearbook or any other lawful purpose whatsoever, the depictions of Student, in which Student may be included in whole or in part, alone or in conjunction with other persons, in conjunction with Student’s own name, or reproductions thereof in color or otherwise, or in derivative works made through any medium, where said depictions may include any or all of still, single, multiple or moving photographic images or pictures. This may include online digital photos/videos.

We have read the above authorization and release prior to its execution and are fully familiar with and agree to the contents thereof.

Student’s Signature: _____ Date: _____

Student’s Signature: _____ Date: _____

Student’s Signature: _____ Date: _____

Student’s Signature: _____ Date: _____

Student’s Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



PEP Mason, LLC - Mason Campus

Code of Conduct and Commitment Form

Student Agreement:

In partnership with my parents and the PEP Mason, LLC - Mason Campus (hereafter “PEP”), I, as a PEP student, commit myself to the biblical, academic, and behavioral goals of the program. I have read the PEP Parent/Student Handbook and understand the requirements therein. I understand the principles of discipline used at PEP and agree to submit to them. I promise to abide by the rules, regulations, and academic requirements of the program and to do my best to glorify the Lord through my behavior and academic performance during the 2023-2024 academic year.

Student’s Signature: _____ Date: _____

Student’s Signature: _____ Date: _____

Student’s Signature: _____ Date: _____

Student’s Signature: _____ Date: _____

Student’s Signature: _____ Date: _____

Parent Agreement:

In partnership with my son/daughter, I/we agree and commit ourselves to the biblical, academic, and behavioral goals of PEP. I/we have read the **PEP Parent/Student Handbook** (found at pep1.org>Locations>Mason, OH) and understand the requirements therein. I/we understand the disciplinary principles used at PEP and agree to submit to them. I/we will abide by the rules, regulations, and requirements set out for the parents of PEP students and will oversee our student’s behavior and academic performance during the 2023-2024 academic year for the glory of God. I/we understand that all of our tutors at PEP are contractually committed to teach and will be paid for the entire academic year. I/we understand that all application and tuition fees we have paid are non-refundable in accordance to the PEP Parent/Student Handbook stipulations and I/we agree to complete and pay all tuition for the full year, regardless.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student(s) Continued from page 1:

4. Student's Name: _____

Birthdate: _____ Grade as of August: _____

Drug/Food Allergies: _____

Medications: _____

Physical Handicaps/Limitations: _____

5. Student's Name: _____

Birthdate: _____ Grade as of August: _____

Drug/Food Allergies: _____

Medications: _____

Physical Handicaps/Limitations: _____