PEP Milford Medical/Release Form

DATE: _____

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

Address: _____

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

Address: _____

Student:

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: _____

Medical Infomation:

Doctor/Practice: _____ Office #: _____

Dentist: _____ Office #: _____

Medical Insurance Co.: _____ Phone #: _____

Name of Insured: _____ Relationship: _____

Policy #: _____ Group #: _____

Medical Infomation:

Name: _____

Relationship: _____ Home/Cell #: _____

We give permission for our above-named student(s) to attend PEP Milford during the 20____-20____ school year. PEP Milford meets at Faith Church, 5910 Price Rd., Milford, OH 45150. In signing below, on behalf of ourselves and the student(s) enrolled at PEP Milford (collectively, the "releasing parties"), we hereby waive and release all rights and claims for damages that we have or may have against PEP Milford and its representatives, board members, employees, successors, volunteers, or agents, and Faith Church, including its representatives, board members, employees, successors, volunteers, or agents (collectively, the "PEP Milford parties"). As a condition of enrollment at PEP Milford, the releasing parties agree to waive, release and hold harmless the PEP Milford 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 Milford. The releasing parties specifically agree that the PEP Milford 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 Milford's direct control, and that the releasing parties will not bring any lawsuit or other action against the PEP Milford parties seeking compensation for any and all damages or injuries arising from such events.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(Both parents must sign)

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

Statement #1: In the event of an emergency, I authorize PEP Milford, 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.

Parent/Guardian Signature: _____ Date: _____

Statement #2: In the event of an emergency, I DO NOT authorize the leadership of Providence Extension Program to act as an agent for me, if they are unable to reach me, 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. Please take the following plan of action:

_____

_____

_____

Parent/Guardian Signature: _____ Date: _____

Photo/Media Release:
I, (hereafter "Student"), do hereby irrevocably authorize Providence Extension Ministries, LLC (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 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.

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

Student's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Code of Conduct and Commitment Form

Student Agreement

In partnership with my parents and the Providence Extension Program, I, as a PEP student, commit myself to the Biblical, academic, and behavioral goals of the program. I have read the PEP Handbook and understand the requirements therein. I understand the principles of discipline used in 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 2017-2018 academic year.

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 Providence Extension Program. I/we have read the Parent's Handbook and understand the requirements therein. I/we understand the disciplinary principles used by 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 2017-2018 academic year for the glory of God. I/we understand that all of our tutors at Providence Extension Program 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 handbook stipulations and I/we agree to complete and pay all tuition for the full year.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____