

# BACK-TO-SCHOOL BASH

## CONSENT FORM (for obstacle course/water slide)

**THIS FORM FOR STUDENTS COMING WITHOUT PARENTS.**  
*Includes medical release & authorization. Please ask parents to complete & sign form, then bring with you on the day of the event.*

**DATE/TIMES:** Saturday, July 27, 2024, 4:00-7:00 p.m. **LOCATION:** GracePoint Church

**DETAILS:** Parents who come with their students can give oral consent at the event and do not need to complete form.

Event details can be found at [www.gracepointhawaii.org/backtoschool](http://www.gracepointhawaii.org/backtoschool).

### STUDENT INFORMATION

Name of Student: \_\_\_\_\_ M  F  Age: \_\_\_\_\_ School Grade \_\_\_\_\_

Address (Street/PO, City, Zip): \_\_\_\_\_ Phone (h): \_\_\_\_\_

Email: \_\_\_\_\_ Phone (m): \_\_\_\_\_

### MEDICAL HISTORY

Specify Allergies (especially food allergies) \_\_\_\_\_

Other medical concerns/notes (explain) \_\_\_\_\_

Operations or serious injuries we should be aware of: \_\_\_\_\_

Date of last tetanus toxoid immunization: Month \_\_\_\_\_/Year \_\_\_\_\_

Do you have: Sinus Trouble -  Yes  No      Heart Trouble -  Yes  No      Asthma -  Yes  No  
Hay Fever -  Yes  No      Epilepsy -  Yes  No      Diabetes -  Yes  No

Do you have any physical limitations?  Yes  No If Yes, explain further: \_\_\_\_\_

### AUTHORIZATION AND PERMISSION FORM

I give my permission for my student (named above) to participate in this event.

I \_\_\_\_\_ (Parent or Guardian) will **NOT** hold GracePoint Church, its staff or volunteers responsible for accidents which may occur. (Adequate supervision will be provided at all times.)

I also authorize medical assistance and/or surgical treatment in the event of an emergency for above named participant by physician chosen by the director of the event. (Director of event will make every effort to contact you if any emergency occurs.)

Please check  Yes or  No. If no, list alternative: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

**Person to call in case of emergency:**  MYSELF  Other (name & relationship to student): \_\_\_\_\_

Phone No. \_\_\_\_\_ Other means of communication (cell, pager, etc.) \_\_\_\_\_

**Alternate Emergency Contact Person** (in case primary emergency contact can NOT be reached in case of emergency):

Name (*PRINT*): \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Yes  No I give permission to **photograph/video my child** for any lawful purpose associated with this event and the ministry of GracePoint Church.

Yes  No I give permission for my student to participate in water activities, which can involve swimming, games w/water hoses, etc.

### PARENT OR GUARDIAN:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please put me on the GracePoint student ministry update email list.



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CHURCH

#### GracePoint Church

95-1080 Ukuwai St., Mililani, HI. 96789

Event contact: Peter Chang, 808.393.0403 (m)