

LWG MEDICAL RELEASE FORM

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

Student Name: \_\_\_\_\_ Student D.O.B.

\_\_\_\_\_ Student's Address:

\_\_\_\_\_ Mother's

Name: \_\_\_\_\_ Mother's Cell Phone #:

\_\_\_\_\_ Father's Name: \_\_\_\_\_ Father's Cell Phone

#: \_\_\_\_\_ This form must be signed by at least one parent (preferably both) and

returned to the Learning With Grace (LWG) Leadership Team since you intend to leave your child at Grace Independent Baptist Church during LWG class times without a parent present.

Although we desire to keep this information confidential, a copy of this completed form will be accessible to the Leadership Team each time the students meet for LWG classes and medical concerns will be shared with your student's tutors as deemed necessary. In case of an emergency, the Leadership Team may need to use the help of LWG staff, LWG Tutors, Designated Parent, and Emergency Medical Personnel. The Leadership Team may see fit to share this form at that time. It is imperative that we have all information essential to caring for your child in the event that it becomes necessary. The location of LWG at Grace Ind. Baptist Church 1485 Waterbury Road, Crownsville, MD.

EMERGENCY CONTACT IN CASE OF EMERGENCY, if parents are NOT able to be

reached, please contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell

Phone #: \_\_\_\_\_ MEDICAL INSURANCE & INFORMATION Name of Medical

Insurance Co.: \_\_\_\_\_ Medical

Insurance Co. Phone #: \_\_\_\_\_

\_\_\_\_\_ Policy Number:

\_\_\_\_\_ Group Number: \_\_\_\_\_ Policy

Holder's Name and

D.O.B.: \_\_\_\_\_ Physician's Name:

\_\_\_\_\_ Physician's Phone #: \_\_\_\_\_ Pharmacy

Name: \_\_\_\_\_ Pharmacy Phone #: \_\_\_\_\_

SPECIAL NEEDS/MEDICAL CONDITIONS Please list any special physical needs, medical conditions, regularly given medications or allergies that the adults in charge or medical professionals should be aware of if your child is in an emergency situation(include food allergies). Please describe CLEARLY the exact reaction he/she has to an allergen, when (if ever) the last allergic reaction occurred, and what procedures need to be taken to assist them if needed. I understand if my child requires an inhaler/EpiPen that he/she is responsible for having it with him/her at all times. LWG staff is not trained to administer medication or work with special needs students. You are to communicate directly with your tutor specific information that will help your child be successful in the classroom. This form is for medical emergencies. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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PERMISSION: I give my permission for my student to participate in academic and extracurricular activities at Learning With Grace Tutorial. In case of an emergency, I authorize any medical treatment and the use of this information form by medical personnel in my absence for the well-being of my student. In accordance with LWG's Liability Release Form, I agree to not hold liable Learning With Grace or Grace Ind. Baptist Church, and all its representatives, LWG tutors and all parent volunteers treating my son/daughter from any injury or sickness occurring during the activities associated with the LWG tutorial program whether at GIBC facility or on a parental approved outing. I have read and am in agreement with all statements on this form:

Signature of parent/legal guardian:

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

Signature of parent/legal guardian:

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

# LWG Financial Agreement One Form Per Student

We agree to adhere to all Learning With Grace Financial Agreement below for \_\_\_\_\_ (student name). We understand that the Registration and Facility Fees are nonrefundable and are due, via cash, check, or PayPal only, prior to being able to register for classes. We hereby agree to pay all tutors, who I register my student to receive instruction from, directly for their services and any associated fees at the set amount established by the tutor and in accordance with the agreed payment schedule. If my payment is late (after the 5<sup>th</sup> of the month) I agree to add a \$10 late fee/class payment to the owed amount. I agree to pay the \$10 late fee if my first payment or any subsequent payments are late. A \$20 late fee will be added if my payment is later than the 10<sup>th</sup>. We also agree to pay the various fees to the tutor in cured should we change or drop a class or withdraw from the tutorial. The fee to change or drop class is \$25/ class; the fee to withdraw from the tutorial is \$50, both due to LWG, if prior to first day of classes. Furthermore, it is recognized that if our student withdraws from the course(s) at any time or for any reason, I am still responsible to pay the tutor the class fee. I will Pay a \$15 late fee for picking my student up after 3:10. This will be paid to the tutor on duty.

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

Parent name (print):

\_\_\_\_\_

Parent signature:

\_\_\_\_\_

Parent name (print):

\_\_\_\_\_

Parent signature:

\_\_\_\_\_

# Learning With Grace Photo and Contact Release Agreement

One form per family

The undersigned, hereby, states and agrees as follows:

Learning With Grace Tutorial has my permission to include photographic images of my child/children in print, and/or computer-based materials including our website, and Facebook page.

No other information (i.e., address or phone number) will accompany the images.

Learning With Grace has my permission to use my family's contact information (address phone number and email) to create a Family Contact Directory which will only be available to other LWG families.

No compensation has been received by me in exchange for giving my permission to use these materials.

Parents Name(s) printed

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Signature(s)

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Date

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# Learning With Grace Liability Release

One Form Per Family \_\_\_\_\_ (family name) While participating in the tutoring services organized by Learning With Grace and provided by independent contract tutors, whether at the main tutoring location of 1485 Waterbury Road, Crownsville MS or at an off-site location for an official LWG Tutorial sponsored event, I agree for myself and for the members of my family to the following:

1. I agree to obey all posted rules and warnings and further agree to follow any oral instructions or directions given by LWG or the Tutors associated therewith.
2. I recognize there may be certain inherent risks associated with the course activities, and I assume full responsibility for the personal injury to myself and any family members and further release and discharge Learning With Grace, the Tutors, the Leadership Team, Grace Ind. Baptist Church and its staff for injury, loss or damage arising out of my or my family's use of their services or presence at the facilities, whether caused by fault of my own or that of my family, or other third parties.
3. I agree to indemnify, hold harmless and defend Learning With Grace and the Tutors, Grace Ind. Baptist Church and its staff against all claims, causes of action, damages, judgments, costs or expenses, including medical fees, attorneys fees and other litigation costs which may in anyway arise from my or my family's use of their services or presence at the facilities.
4. I agree to pay for all damages caused by me or my family's negligent, reckless, or willful actions.
5. Any legal or equitable claim that may arise from participation with the Learning With Grace shall be resolved in accordance with the laws of the State of Maryland.

I have read this document and understand it. I further understand that by signing this release, voluntarily surrender certain legal rights.

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

Parent name  
(print): \_\_\_\_\_

Parent signature:  
\_\_\_\_\_

Parent name (print):  
\_\_\_\_\_

Parent signature:  
\_\_\_\_\_

## Parent/student Agreement Signature Page

Both parent and student(s) are to sign below to say you have ALL read and accept the responsibilities and expectations listed in LWG handbook (downloadable off of LWG website), the Plagiarism Policy, the Late Work Policy, Safety Policy, dress Code, Electronics Policy and Student Center Policy. Please return this Signature Page to the LWG Leadership Team.

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

Family Last Name (print) \_\_\_\_\_

Parent signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Student 1 signature: \_\_\_\_\_

Student 2 signature: \_\_\_\_\_

Student 3 Signature: \_\_\_\_\_

Student 4 Signature: \_\_\_\_\_