

Medical Release & Permission Form

1st Allendale CRC
5734 Country View Dr.
Allendale, MI 49401
Phone 895-4969

Name: _____ Age _____ Birthday _____

Year in school _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Pager/cell _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Cell _____

Address if different than child's _____

Father's name _____ Phone: Home _____ Cell _____

Address if different than child's _____

Emergency contact _____ Phone: Home _____ Cell _____

Physician _____ Office phone _____

Are there any special concerns regarding your child that you would like to bring to the attention of the teacher/group leader? _____

Please list the names of individuals to whom your child may be released after a class/group gathering: _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

Does your child have allergies to: Medications _____ food _____
Insect bites/stings _____ other _____

Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

Asthma epilepsy/seizure disorder heart trouble
Diabetes frequently upset stomach physical handicap

Please list and explain any major illnesses the child experienced during the last year:

Should this child's activities be restricted for any reason? Please explain:

Additional comments:

_____ has my permission to attend all youth activities sponsored by

Authorization

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases 1 **Allendale CRC (Allendale, MI)** (hereinafter the "Church") and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for an injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor or first-aid, I/we consent to first-aid provided by the staff and/or volunteers of the Church and any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Check the following areas of concern for this student. If necessary, add another page with details:

For your child's safety and our knowledge, is your student a:

good swimmer fair swimmer non-swimmer

Date of last tetanus shot: _____

Does your child wear glasses contact lenses

Additional comments: _____

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students under the age of 21 can drive other students
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarter and no girls in boys sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth ministry activities. I agree to abide by the stated personal limitations and code of conduct.

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth ministry staff prior to that event.

Photo Release: During 1 Allendale CRC's youth and family ministry events photographs are taken for memorabilia, publicity, and/or promotion of future events. In attending events persons (adults, youth and children) may be photographed for such purposes. You may request that your child's photograph not be used for publicity or promotion of future youth and family ministry events by entering your initials in the box below. If you grant permission to use photographs for publicity and promotional use, please sign below.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____