

**Medical Release & Permission Form**  
**Grace Christian Reformed Church**  
**Kalamazoo, Michigan**

**Effective dates: September 2021 – August 2022**

Please print in ink

Youth's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone (Cell or work) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Alternate Address for a parent \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone #'s \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Alternate Emergency contact if parent or guardian is unavailable \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to minor (example - granddad, uncle...) \_\_\_\_\_

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**Medical History**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, 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. If necessary, add another page with details:

1. Does your child have any allergies? (pollens, medications, food, insect bites, etc...)

\_\_\_\_\_

2. Does your child suffer from or has ever experienced or being treated currently for any of the following: asthma, seizures, heart trouble, diabetes, or frequent upset stomach or headaches?

\_\_\_\_\_

Continue on the back

3. Date of last tetanus shot:

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4. Please list and explain any illness or condition that should restrict your child from specific activities and please list the activities that the child should not participate in.

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\_\_\_\_\_ (Student Name) has my permission to attend all children / youth activities sponsored by Grace CRC and be transported by Grace CRC adult leaders when necessary.

Note: If you desire to limit your child's participation in any event or if you would like your child to not be included in any picture that would publicly published, please let a leader aware of the activity or submit your wishes in writing to your leader prior to that event.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the youth leaders 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 consent for him/her to attend events sponsored by Grace CRC. 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 any 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 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 expense should they become ill or if deemed necessary by the student staff member. I also give consent to post pictures of my youth on the church web site, church videos, paper publications and/or facebook pages. (Only photos without your child's name will be added to any publication.)

Finally, it is understood that by signing this consent form, I/we are giving permission for my/our child to be transported by any leader for the Grace Church sponsored events.

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_