

2<sup>nd</sup> CRC of Allendale  
Medical Release & Permission Form  
616-895-7694

Program dates: \_\_\_\_\_ Today's Date \_\_\_\_\_

Please print in ink each child's name:

#1 Name: \_\_\_\_\_ Age \_\_\_\_ Birth date \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE

Year in school \_\_\_\_ (circle one) Male Female Program involved in: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Age \_\_\_\_ Birth date \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE

Year in school \_\_\_\_ (circle one) Male Female Program involved in: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Age \_\_\_\_ Birth date \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE

Year in school \_\_\_\_ (circle one) Male Female Program involved in: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Age \_\_\_\_ Birth date \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE

Year in school \_\_\_\_ (circle one) Male Female Program involved in: \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

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

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ - -

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

\*\* If your child comes from a two family home, please record their contact information below:

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

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

# Medical Release & Permission Form

Page 2 of 3

## 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.

**Mark the following by using the child's number on the first page for the following areas of concern.**

If necessary, add another page with details:

Example: if the child listed as #1, on page 1, is a good swimmer, put #1 before good swimmer

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

\_\_\_\_\_ good swimmer \_\_\_\_\_ fair swimmer \_\_\_\_\_ non-swimmer

2. Does your child have allergies to:

\_\_\_\_\_ medications \_\_\_\_\_ food \_\_\_\_\_ insect bites/stings

other (please list) \_\_\_\_\_

3. 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

4. Date of last tetanus shot: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

5. Does your child wear \_\_\_\_\_ glasses \_\_\_\_\_ contact lenses

6. 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:

## 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 may drive other students
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and compliance with event schedules

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

# Medical Release & Permission Form

Page 3 of 3

I, the student, have read and agree to abide by the rules of conduct and any stated personal limitations (mentioned above in the medical history).

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

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

If preferred or if the child is young, the parent may discuss the above rules with their child, and initial here: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, 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 ministry staff prior to that event.*

**Photo Release:** During 2<sup>nd</sup> 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. If you grant permission to use photographs for publicity and promotional use, **please initial the following box.**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases 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 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 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.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_