

Georgetown CRC

6475 40th Ave. Hudsonville, MI 49426

Phone: (616) 669-5180

Fax: (616) 669-8000

Permission/Medical Release Forms and Registration

We/I give permission for our/my child, _____, to participate in the activities with the High School Ministries associated with Georgetown Christain Reformed Church.

We/I hereby agree to hold harmless the church, persons in its organization, or other participants for any negligence, willful, or intentional acts of our/my child. It is understood that any damages caused by actions of our/my child will be paid by him/her and us/me as parent(s).

Authorization and permission is given to Georgetown CRC to furnish above participant with any necessary food, lodging, and transportation to, and from, and during these events. While it is understood that seat belts are required by state law, and encouraged by leaders, compliance will only occur if participants are willful.

While our/my child is attending an event, if it is necessary for our/my child to return home due to medical reasons or disciplinary actions, we/I assume all transportation costs.

Further, we/I, the parent(s)/guardian of said participant, hereby grant permission to the leader, or and adult volunteer acting on his/her behalf to authorize medical treatment, including but not limited to emergency surgery or medical treatment. In the event of sickness or injury to our/my child, we/I assume responsibility for all medical bills, if any incur.

These signatures took place in the presence of a Notary public:

(Mother or Father) (Date)

(notary) (Date)

Notary Seal & commission here

Participants Only

I have read the permission release form and understand that proper conduct is expected of me. I will abide by all the written and spoken rules given by the leaders of Georgetown CRC.

(Signature of Participant) (Date)

Birth date ____/____/____ grade _____

See other side please!

PERMISSION/MEDICAL RELEASE FORM (CONTINUED)

(print name of participant)

Hospital Insurance ___ Yes ___ No
Insurance Company _____

Group # _____
Policy # _____
Physician _____
Physician # _____

Date of last Tetanus shot _____
Can Ibuprofen or Tylenol be given?
___ Yes ___ No

(print name of father)
Day phone # _____
Night phone # _____
Cellular phone # _____

(print name of mother)
Day phone # _____
Night phone # _____
Cellular phone # _____

(emergency contact)
Day phone # _____
Night phone # _____
Cellular phone # _____

According to your insurance coverage, is it necessary to first contact them before medical treatment is given? ___ Yes ___ No

Does your son/daughter have any allergies/medical needs/existing medical conditions of which we should be aware? ___ Yes ___ No
If yes _____

**** The Georgetown Church Administrative Assistant and Financial Assistant are available for the Notary Public sign and seal. Stop by the office Monday-Friday 9:00am-3:00pm****