

Medical Release & Permission Slip

Grandville Baptist Church Student Ministry
Sept. 2017 – Aug. 2018

Name of Youth Participant _____

Street _____ City _____ Zip _____

Phone _____ Grade _____ Age _____

School _____ Date of Birth _____

Emergency Contact Person _____ Phone _____

Name of Insurance Company _____ Policy # _____

Physician Name _____ Phone _____

Please list any medical allergies, medications being taken, medical problems, dietary or physical limitations or other pertinent information:

I hereby give permission for the above named child to participate in any and all teen ministry events and activities for the Middle School (7 & 8 grades) and/or High School (9-12 grades) during the next 12 months (September 2017 – August 2018). I hereby give permission for any photos of the above student to be used on social media websites and or promotional material.

I give authorization for the Youth Pastor, or other authorized adult sponsor to seek whatever medical assistance he/she deems necessary in the event of an accident or illness to the above named youth. I also understand that we are responsible for all medical expenses and related treatment costs and will not hold Grandville Baptist Church, its officers, employees, and volunteers liable for any injury.

I acknowledge that the teen ministry activities and events may include but are not limited to activities both on and off church property, during day or evening hours, requiring transportation by motorized vehicles and occasionally involving over night stays. Such events and activities may involve the preparing and eating of food, along with events that may involve recreational and sports activities such as, but not limited to hiking, climbing, volleyball, basketball, swimming. I also realize that my child's picture or testimony may be used in promotional materials for the Grandville Baptist Church Teen Ministry.

Signature of Parent / Guardian _____

Relationship _____ Date _____