

# Medical Release & Permission Slip

Grandville Baptist Church Student Ministry

Sept. 2018 – Aug. 2019

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 2018 – August 2019).

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 Student Ministry.

Signature of Parent / Guardian

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Relationship \_\_\_\_\_ Date

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