

# PERMISSION/LIABILITY/HEALTH FORM

In effect from September 1, 2008 to August 31, 2009

Grace Community Church  
945 – 136<sup>th</sup> Avenue  
Holland, MI 49424  
(616) 399-1872  
(fax) 399-1878

TO BE COMPLETED BY PARENT/GUARDIAN. PLEASE PRINT IN INK.

Participant's Name: \_\_\_\_\_

## STUDENT INFORMATION

Street Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_ Birthday: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Age: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Student Lives With:  Mother and Father  Mother  Father  Other: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
If Applicable: Step-Father's Name: \_\_\_\_\_ Step-Mother's Name: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

In the event of an emergency, if a parent/guardian cannot be reached, please contact:

Name: \_\_\_\_\_ relationship: \_\_\_\_\_  
Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## HEALTH 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 Grace Community Church ministry staff/volunteers should be aware, and what, if any, action of protection is required on account thereof. Please submit this notification in writing and attach it to this form.

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

- good swimmer  fair swimmer  non-swimmer

Comments: \_\_\_\_\_

Does your child have allergies to:

- pollens  medications  food  insect bites  other: \_\_\_\_\_

Comments: \_\_\_\_\_

Does your child regularly take medications:  yes  no If "yes" for what reason: \_\_\_\_\_

Name/Dosage: \_\_\_\_\_

Can child possess and this medication on his/her own:  yes  no Explain: \_\_\_\_\_

Does your child wear:  glasses  contacts

Does your child suffer from, experience (experienced) or being treated for any of the following:

- asthma                       diabetes     epilepsy / seizure disorder     frequent colds
- frequent upset stomach     hay fever     heart trouble                       physical handicap

Comments/Other: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Blood type (if known): \_\_\_\_\_

Please list and explain any major illnesses or injury your child experienced during the last year:

Should your child's activities be restricted for any reason:     yes     no

If "yes" please explain: \_\_\_\_\_

**INSURANCE INFORMATION**

Do you have medical/health insurance:     yes     no    Effective date: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In whose name is the insurance: \_\_\_\_\_ Group Number: \_\_\_\_\_

If you have medical insurance, your carrier is considered primary for medical charges in the case of illness, health-related issues and/or injury experienced while your child is participating in church and/or youth ministry activities. Grace Community Church insurance is considered on an excess-basis in regard to accidents incurred during church and/or youth ministry activities.

**PERMISSION FOR PARTICIPATION**

(Name of Student) \_\_\_\_\_ has my/our permission to attend and participate in all youth ministry activities sponsored by **GRACE Community CHURCH** from September 1, 2007 to August 31, 2008.

**RELEASE OF LIABILITY / CONSENT TO TREATMENT**

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 Grace Community Church. I/We understand all reasonable safety precautions will be taken at all times by Grace Community Church representatives and its agents during events and activities. I/We trust and expect representatives of Grace Community Church will do all within their means to guard the physical, emotional and spiritual well being of my/our child in all situations. At the same time I/we understand the possibility of unforeseen hazards and acknowledge that there are inherent risks involved in any ministry or athletic event. I/we hereby release Grace Community 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 (except that which is the result of gross negligence).

In the event that the student named above becomes ill and/or is injured and requires the attention of a doctor, every possible attempt will be made to contact parent(s)/guardian(s) immediately. In the event I/we cannot be reached, I/we consent to 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 representatives of Grace Community 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 health insurance providers. 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 understand that my/our child may be transported to/from activities/trips in a 25 passenger bus or other cargo vans.

Should it be necessary for my/our child to return home early from an event/trip/activity due to medical reasons (illness and/or injury), disciplinary action or otherwise, I/we assume responsibility for all transportation costs.

Parent's/Guardian's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_