GREFC STUDENT MINISTRIES RELEASE FORM

Fall 2017 – Summer 2018

Parental Consent

I hereby give permission for my student _____ (student's name), to attend and participate in any student ministry activities during the period of September 1, 2017 – August 31, 2018.

Should it be necessary for my student to return home due to medical reasons, disciplinary action or otherwise, I shall assume all transportation costs and responsibility.

I give permission for my student to ride in any vehicle driven by an approved and licensed adult leader while attending and participating in activities sponsored by Grand Rapids Evangelical Free Church.

I agree. I disagree.

I give permission for photos and/or videos of my student to be taken and used for GREFC ministries. This includes printed material as well as online sources like our website and social media sites. These images will be used for the sole purposes of building up community, group identity, and communication. (If you have questions before agreeing or disagreeing please come talk with us.)

I agree. I disagree.

Medical Release

In case of accident or serious illness, I request the church to contact me. If the church is unable to reach me, I authorize them to make whatever arrangements seem necessary. I understand that Grand Rapids Evangelical Free Church does not provide any form of health or accident insurance should any injury occur. I also agree that I will not obligate Grand Rapids Evangelical Free Church staff, paid or volunteer, to pay any medical expenses related to such injury. This form releases Grand Rapids Evangelical Free Church and staff, paid and volunteer, from any liability.

Allergies / Health Conditions / Medications to be aware of / Special Needs:

_____

_____

_____

I hereby authorize approved adult leaders to administer the following if deemed necessary (please circle):

Triple Antibiotic Ointment Ibuprofen Tylenol

Parent / Guardian Name(s) _____

Address _____

City, State, Zip _____

Home Phone (___)_____Cell Phone (___)_____

Other Phone (___)_____

Health/Accident Insurance Company_____

Policy Number _____

Emergency Contact Name and Phone (other than Parent/Guardian) _____

Parent Signature: _____ Date: _____