GREFC STUDENT MINISTRIES RELEASE FORM

Fall 2020 – Summer 2021

**Parental Consent**

I hereby give permission for my student(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name), to attend and participate in any student ministry activities during the period of September 1, 2020 – August 31, 2021.

Should it be necessary for my student(s) 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(s) to ride in any vehicle driven by an approved and licensedadult 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(s) 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.

Parent / Guardian Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Emergency Contact (Name & Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies / Health Conditions / Medications to be aware of / Special Needs:** Name:\_\_\_\_\_\_\_\_\_\_Note:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I hereby authorize approved adult leaders to administer the following if deemed necessary:

 🞎 Triple Antibiotic Ointment 🞎 Ibuprofen 🞎 Tylenol

**Parent Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL NOTE FOR PARENTS REGARDING ILLNESS**

Due to the potential to unintentionally spread disease such as Covid-19, parents will be expected to screen their students, checking them for symptoms, prior to sending them to youth group. At this time, we are not setting aside time to temp check youth. Included is helpful guidance regarding symptoms of illness. This is the same guidance as is currently being used at the schools, and can also be applied to physical participation in youth group.

Please do not send students to youth group if they:

* Have had a positive Covid-19 test
* Have ONE of the following symptoms
	+ Cough
	+ Shortness of breath
	+ Difficulty breathing
* Have TWO of the follow symptoms
	+ Fever of 100.4 or higher
	+ Sore throat
	+ Chills
	+ New loss of taste or smell
	+ Nausea
	+ Vomiting
	+ Diarrhea
	+ Headache
	+ Fatigue
	+ Congestion or Runny Nose
	+ Muscle or Body Aches
* Have (or a family member has) been exposed to someone with Covid-19 or they are waiting on the results of a Covid-19 Test

Please feel free to re-join us when:

* There is no fever for 24 hours (without the use of fever-reducing medicine), and
* Other symptoms have improved for at least 72 hours, and
* At least 10 days have passed since symptoms first appeared.

As always, we want to love others well because of the Great God who loves us. Let’s keep on looking out for both the physical and spiritual interest of others! We are excited for this year, and can’t wait for what God will in the lives of the students this year – even in and through a season where we are navigating a global pandemic!