

AGREEMENT AND RELEASE FORM

SECOND CRC of Byron Center - 7588 Byron Center Ave SW - Byron Center, MI 49315 - (616) 878-9292

EMERGENCY CARE RELEASE

Youth's Name: _____ Birth Date: _____

Street Address: _____

City, State and Zip Code: _____

Parent(s) or Guardian(s) Name(s): _____

Phone: Home () _____ Work () _____ Other () _____

Family Doctor: _____ Phone: () _____

Emergency contact in the event that a parent or guardian cannot be reached immediately:

Name: _____

Phone: Home () _____ Work () _____ Other () _____

INSURANCE INFORMATION

Company: _____

Policy Holder: _____

Group #: _____ Contract #: _____

As parent(s) or legal guardian(s) of the above named youth, we hereby authorize any medical and/or surgical care, including diagnosis and treatment, to be rendered to him/by any licensed physician or surgeon, or by any licensed hospital, when accompanied by an adult leader of Second Byron Center Christian Reformed Church. We assume full financial responsibility for such care, including prescribed medications and transportation by ambulance.

We do hereby, for a good and valuable consideration, agree to indemnify and hold harmless the Second Byron Center Christian Reformed Church staff and Second Byron Center Christian Reformed Church from any and all actions, claims, demands, suits, or other liabilities which may result from the above named minor's participation in youth group activities and outings.

Parent(s) or Guardians(s) _____

Signature

Date

Signature Date

PLEASE COMPLETE THE INFORMATION ON THE REVERSE SIDE OF THIS FORM

1. Does your youth have any allergies or other medical conditions? Yes or No *(Circle one)*
If yes, please explain: _____

2. Does Your Youth Take any Medication? Yes or No *(Circle one)*
If yes, please list: _____

3. When was your youth's most recent tetanus shot? _____

4. Please list any other information you feel may be helpful in seeking medical treatment for your youth: _____

PARENTAL PERMISSION

I hereby give my permission to the individuals listed below to transport my child, _____, to and from _____, for the purpose of a recreational trip/activity on (date) _____. I also give my consent for any of the listed individuals to seek any and all necessary medical treatment for my child during that time period.

Parent(s) or Guardians(s) _____
Signature Date

Signature Date

AUTHORIZED INDIVIDUALS: