

First Reformed Church Youth Group

Medical History & Release Form

PERSONAL INFORMATION

Child's Name: _____

Address _____

City: _____ State: _____ Zip: _____

Birthday _____ Age _____ Grade _____ Sex: _____

Child's Phone Number: _____ Text OK: Yes _____ No _____

Mother's Name Printed: _____

Mother's Phone Number: _____

Father's Name Printed: _____

Father's Phone Number: _____

EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, I hereby give permission to the church-appointed leaders who are with my child to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

Parent Signature: _____ Date: _____

Hospital Preference _____ Doctor _____

If I cannot be reached, please notify: _____ at () _____

Insurance Company: _____

Policy Number _____

Is your child currently taking medicine or receiving treatment? ☐ Yes ☐ No

(If yes, explain)

List Any Allergies including food, drugs, insects, environmental, etc.)

Other Medical or Social Needs (anything that will help us attend to and be sensitive to concerning your child)

PERMISSION

I, the undersigned parent or legal guardian of the child named above, do hereby grant my permission and consent for the said child to attend and participate in the events and activities of First Reformed Church Youth Ministry, both on and off the church grounds, including the necessary transportation to and from these events and activities including fall fest at Lake Lundgren Bible Camp in Pembine, WI and winter camp at Silver Birch Ranch in White Lake, WI.

Permission is granted for my child to receive medical care if: (1) such care is deemed necessary by the persons in charge of the event; (2) the proposed medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain my parental consent would reasonably jeopardize the life, health, or well-being of the child affected; (3) I cannot be personally contacted.

I further agree not to hold First Reformed of Sheboygan Falls (FRSF) or any of its paid staff or volunteers responsible for any accidents that may occur on the way to, from, or during an event. I indemnify, defend and hold harmless FRSF for all claims made and liabilities assessed against them as a result of any event or activity. I release FRSF and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from any event or activity.

Furthermore, I understand and assume the expenses of any property damage caused by my child. Should it be necessary that my child be returned home due to disciplinary action (when on trips), I will be contacted by the leaders and will be responsible for picking my child up and assuming the cost of transportation. By signing below, I am acknowledging that I have read and understand the above statement.

Signature of Parent or Guardian

Date

PHOTO RELEASE

First Reformed Church Sheboygan Falls would like to share photographs and/ or video of our Youth Ministries in publications, news releases, online, with social media, and in other communications related to the mission. Please indicate your permission below for your child to be included in these publications.

_____ Yes, I grant permission to First Reformed Church Sheboygan Falls to use photographs and/ or videos of my child in publications, news releases, online, with social media, and in other communications related to the mission of First Reformed Church and its Youth Ministries

_____ No, I do not grant permission to First Reformed Church Sheboygan Falls to use photographs and/ or videos of my child in publications, news releases, online, with social media, and in other communications related to the mission of First Reformed Church and its Youth Ministries

Signature of Parent or Guardian

Date