



MEDICAL/LIABILITY RELEASE FORM For: All Programs/Activities

From: January 1, 2023 – December 31, 2023

1200 28th St. SE
Grand Rapids, MI 49508
Phone 616.243.3674
Fax 616.243.7557

Date form completed _____

Student Information:

Name: _____		
Last	First	Middle
Birth Date _____/_____/_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade: _____
Your Church <input type="checkbox"/> CBC/GR <input type="checkbox"/> Other _____		
Your School _____		

Parent Information:

Parent/Guardian Names:			
Last	First	Middle	
Last	First	Middle	
Family Address _____			
City	State	Zip	
Home Phone (____) _____			
Father Cell (____) _____		Mother Cell (____) _____	
OTHER THAN PARENT			
Emergency Contact Person _____		Phone (____) _____	
Emergency Contact Person _____		Phone (____) _____	

Insurance Information:

Insurance Company _____	Policy # _____
Hospital Preference _____	Group # _____
Physician Name _____	Phone _____

* More needed information on reverse *

Student Medical Information:

List all medical allergies, medication being taken, medical problems, or other pertinent information _____

Allergies (food/product/environmental) _____

Other health/behavior concerns _____

Has child had Hepatitis B immunization? Yes No
Are immunizations current? Yes No

Date of last tetanus shot _____/_____/_____ (month and year)

Child needs to observe the following restrictions _____

I understand that if medical intervention is needed for this child during an activity, every attempt will be made to consult the contact person(s) listed on this form. If, however, those persons cannot be reached, I give my permission to the activity leaders to secure the services of a licensed physician or surgeon to provide medical treatment, including anesthesia, which is deemed necessary for the well-being of this child.

I understand all reasonable safety precautions will be taken at all times by Calvary Baptist Church and its agents during events, trips and activities. I also understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to release, forever discharge and hold harmless Calvary Baptist Church, its leaders, employees, and volunteer staff from any and all liability and claims for damages, losses, sickness, or injury incurred by this child.

Parent or Guardian Signature Date

Parent or Guardian Signature Date

BOTH Parent/Guardian Signatures Required above

FOR OFFICE USE ONLY Please **DO NOT** sign below when initially completing form

I have reviewed and confirm this information is current:

_____ Date	_____ Signature
_____ Date	_____ Signature
_____ Date	_____ Signature
_____ Date	_____ Signature