

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

MEDICAL/LIABILITY RELEASE FORM For: All Programs/Activities

From: January 1, 2024 - December 31, 2024

Date form completed _____

Student Information:

Name:		
Last	First	Middle
Birth Date///	_ 🗆 Male 🗆 Female	Grade:
Your Church 🗆 CBC/GR Other		
Vour School		
Your School		

Parent Information:

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