



1200 28th St. SE
Grand Rapids, MI 49508
Phone 616.243.3674
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MEDICAL/LIABILITY RELEASE FORM

For: All Programs/Activities

From: January 1, 2025 – December 31, 2025

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 (____) _____		Mother Cell (____) _____	
Father 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