

GYG Permission and Medical Release Form

I, _____, give my permission for _____
to participate with the Youth Group of Grove Bible Church (GYG) of St. Johns, MI. in
activities/trips taking place from June 2014 through May 2015.

My teen may participate in any approved GYG activity both onsite and offsite.

I will notify GYG leaders of any approved activity my student may not participate in.

Emergency Medical Information

Participant Information

Name _____ DOB _____

Address _____

Home Phone _____ Cell Phone _____

Please list any medical conditions, injuries, and allergies _____

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Parent/Guardian Information

Mother

Name _____

Address _____

Phone _____

Cell Phone _____

I can receive text

Father

Name _____

Address _____

Phone _____

Cell Phone _____

I can receive text

Email _____ Email _____

In case of emergency contact

Name _____ phone _____

Name _____ phone _____

Physician Information

Physician _____ phone _____

Insurance

Company _____ Effective date _____

Group I.D. # _____

Medical Release: In the event of an emergency, in which you are unable to reach me (parent/guardian), in case of injuries, accidents, or illness, I give my permission for treatment deemed necessary in consultation between attending emergency physician and the Event Leader for Grove Bible Church. I also release Grove Bible Church and its program staff of liability in the case of accidents and injuries to _____ while attending a youth group event.

(Signature of parent/guardian)

(Date)