

NOORDELOOS CHRISTIAN REFORMED CHURCH
2017-2018 Medical Release/Registration Form
(Form must be filled out in its entirety)

(Circle All Groups Student is involved in)
Cadets GEMS
IMPACT Youth Group

Students Name: _____
Last First Middle Birth Date (Mo/Day/Yr)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Mothers Name: _____ **Work/Cell Phone:** _____

Fathers Name: _____ **Work/Cell Phone:** _____

Emergency Contact Person (other than Parent): _____
Name Relationship

Home Phone: _____ **Work/Cell Phone:** _____

Insurance Company Name: _____

Policy #: _____ **Group #:** _____

Is your child in general good health and able to participate in all activities? **Yes** _____ **No** _____

Does your child take any medications? **Yes** _____ **No** _____

If yes, list medications and what medication is for: _____

Is your child allergic to anything? (i.e.: medications/food/bees) **Yes** _____ **No** _____

If yes, please list: _____

Are there any special conditions that we need to watch for? (i.e.: allergies, physical limitations, behavior considerations, etc.) **Yes** _____ **No** _____

If yes, please explain: _____

In signing this consent form, I hereby certify that the above information is correct and grant my permission for the release of medical records in the case of accident during an activity. In case of medical emergency, I understand that every effort will be made to contact parent/guardian of child. In the event that I cannot be reached, I hereby grant permission for the adult leaders of Noordeloos Christian Reformed Church to obtain emergency medical care and proper treatment for my child, named above, at my expense.

The above named child has my permission to travel in a church owned vehicle, an approved for special use vehicle for Noordeloos Christian Reformed Church use, or a privately owned vehicle.

Parent/Guardian Signature: _____ **Dated:** _____

Commitment by Student: I, _____ promise to fully cooperate with the group leaders during the year, represent Jesus as best I can, and agree to uphold all requirements of the leaders for a safe environment for myself and those around me.

Signature: _____ **Dated:** _____