

MEDICAL & LIABILITY RELEASE FORM

Hope Community Christian Church
3056 Fenner St.
Marlette, MI 48453
Phone: (248) 866-7754

Note to Parents: This form (1) gives your permission for your child to ride in church transportation & (2) gives the group leader authorization to secure medical aid for your child should it be necessary.

The undersigned parent(s) or guardian(s) of _____ hereby give his/her/their consent to allow the above named child to be transported from and back to Hope Community Christian Church in church transportation to all Youth/Children events and activities. The trip will include transportation to and from the event site and the surroundings of that site (i.e. stopping at a restaurant for a meal, etc.). The undersigned hereby authorize any hospital, clinic physician, doctor, nurse, or technician to furnish my child, named above, any medical care and treatment necessary as a result of injuries sustained, including hospitalization, injection, anesthesia or surgery or other emergency medical care and treatment as the circumstances require while being transported from and back to the church and while at the place of destination. The undersigned further authorized a representative of the Hope Community Christian Church to retain or acquire said medical care and treatment in behalf of the undersigned as if personally done by the undersigned. In Addition, I will not hold the staff of Hope Community Christian Church or any of its members (staff or volunteers) responsible in the event of accident, loss or death. All acts so done are hereby expressly ratified. (Please be sure to note on the reverse side any medications to which your child is allergic or medical conditions that you feel are important, i.e. medications your child is taking.)

Parent (or Guardian) Signature(s)

COVERED BY INSURANCE: _____ YES _____ NO

POLICY/CONTRACT #: _____ GROUP NUMBER: _____

POLICY HOLDER: _____

INSURANCE COMPANY: _____

Parent (or Guardian) Signature

CHILD/YOUTH AGREEMENT

I agree to abide by all rules and regulations. If I am unable to do so, I understand that there is a strong probability that my parent(s) will be called to pick me up at my own expense.

(Date)

(Child/Youth's Signature)

