

Alpine Baptist Church MEDICAL RELEASE FORM

692 Seven Mile Road NW, Comstock Park, Michigan 49321 (616) 784-1331 office@alpinebaptist.com

Please fill out both sides and print legibly.		Today's date:	
Child's Name:		Age:	Date of Birth:
Address:			Primary Phone:
City:	Zip:	Home Church:	
Cell Phone:		Email:	
School:			Grade in or just completed:
Mother's Name:		Father's Name:	
Mother's Home Phone: <i>(if different from above):</i>		Father's Home Phone: <i>(if different from above):</i>	
Mother's Cell Phone: <i>(if different from above):</i>		Father's Cell Phone: <i>(if different from above):</i>	
Mother's Email:		Father's Email:	

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, _____ to participate in activities sponsored by Alpine Baptist Church in Comstock Park, Michigan.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical, discipline, or other reasons, the undersigned shall assume all transportation costs.

Hospital Insurance? Yes____ No____	Name on Card:
Insurance Co.:	Signature required below: <i>(only one signature needed)</i>
Soc. Sec. Or Contract #:	Father's Signature:
Coverage Code #:	Mother's Signature:
Group #:	Legal Guardian's Signature:

To facilitate proper treatment of your child, please include a copy of the front and back of your family's insurance card.

On the reverse side of this page, please list any allergies, medicines, or special medical problems your child may have.

I give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Alpine Baptist Church of Comstock Park, Michigan. All drivers have been screened through a background check with the Kent County Department of Human Services and have completed a child abuse prevention class.

YES NO Parent/Guardian Signature _____

Allergies/Medications/Medical Problems

Allergies:

Medications and doses: *if more space is needed, please attach a separate sheet of paper*

<i>Medication</i>	<i>Dose</i>
<i>Medication</i>	<i>Dose</i>

Medical Problems/Special Instructions:

Media Release Form

From time to time, we are in need of photographs for our Web page, brochures, and publications. Please check the appropriate box below reflecting your choice. We will honor your wishes to the best of our ability. Thank you!

Student Name:	Parent Name: <i>(for minors)</i>
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- I **GRANT** permission for Alpine to use my/my child's photograph and/or statements in their media.
- I **DENY** permission for Alpine to use my/my child's photograph and/or statements in their media.

Parent Signature: <i>(for minors)</i>	Date: / /
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Student Signature	Date: / /
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Church Trip / Activity Agreement

This document is mandatory for participation on any trip under the auspices of Alpine Baptist Church. It constitutes a legal, mutual agreement between leaders(s), student and parent(s).

1. *Student agrees to be on time for all deadlines and curfew.*
2. *Student agrees to be accompanied by at least one other student of the same gender or a group of three at all times.*
3. *Student agrees to stay in the place of lodging after room check (for overnight trips).*
4. *Student agrees not to go to any establishment without a chaperone.*
5. *Student agrees to follow all rules normally applicable in church or youth group.*
6. *Student/parent agrees to pay balance of the monies owed to the church by the given deadline.*

As an Alpine Baptist Church student, I recognize that the behavior on a church trip must be exemplary and that discipline infractions will result in disciplinary action.

Student Signature

Date

With my signature below, I hereby consent to participation of my child (please print child's full name) _____ in the events sponsored by Alpine Teen Ministries. I understand that any given event may take place off Alpine Baptist Church grounds and the designated church leader will afford adequate supervision during this event. I further consent to the conditions stated above.

Parent(s)/Guardian Signature

Parent(s)/Guardian name (please print)

Date