



# 2016-2017 EAGLE RIDGE CHURCH OF GOD

2808 WALDO MIDLAND MI 48642

989-835-7101 [www.erchog.org](http://www.erchog.org)

## Parental Medical/Permission Release Form

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ M or F \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (student's) - optional  
Driver's License: \_\_\_\_\_ (student's if applicable)  
Dad's Name \_\_\_\_\_ Mom's name \_\_\_\_\_

Parent's Home Phone: \_\_\_\_\_  
Parent Cell Phone: \_\_\_\_\_  
Parent Business Phone: \_\_\_\_\_  
Student's Cell Phone: \_\_\_\_\_  
Parent E-Mail: \_\_\_\_\_  
Student's E-Mail: \_\_\_\_\_

Emergency Name & Phone Number if cannot be reached:

\_\_\_\_\_

Allergies: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Last Tetanus Shot: \_\_\_/\_\_\_/\_\_\_  
Health Problems or Limitations: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Code # \_\_\_\_\_  
Member's Name: \_\_\_\_\_  
Employer Provider: \_\_\_\_\_

Authorization September 13, 2016 – September 13, 2017

(Please complete other side also.)

**To Whom It May Concern:**

**I give my permission for my student to participate in all Eagle Ridge Church of God Youth Ministry activities sponsored and/or endorsed by the Eagle Ridge Church of God, Midland, MI. Activities may include but are not limited to the following: day and overnight trips (chaperoned), recreation events, camps, weekly bible studies, small groups, service projects, fundraisers, etc. I hereby give permission for my student to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in events sponsored by Eagle Ridge Church of God. I also give permission for my student to be photographed and those photos to be used for publicity purposes.**

**I fully support the leadership of the Eagle Ridge Church of God Youth Ministry and do waive Eagle Ridge Church of God, Midland, MI and its employees and members of all liability. I authorize any transportation to or medical treatment deemed necessary by any accredited hospital and/or physician for my child in case of emergency during his/her attendance on any activity. I understand that if my child needs to be sent home, for sickness or misbehavior, I am expected to provide immediate transportation from the activity or it will be provided at my expense. I expect to be contacted as soon as possible.**

**Print Name: \_\_\_\_\_**

**Parent Signature: \_\_\_\_\_**

**I agree to cooperate, live by the Eagle Ridge Code of Conduct, and show respect for leadership and any guidelines in all planned activities. I also agree to behave in an appropriate manner which represents God, your church, your family, and yourself at all times while involved with the Youth Ministry of Eagle Ridge Church of God.**

**Print Name \_\_\_\_\_**

**Student Signature \_\_\_\_\_**