

BETHEL GILEAD COMMUNITY CHURCH

Medical Emergency Care Authorization

(State of Michigan Department of Social Services)

Name _____

Address _____
(street) (City) (State) (Zip)

Age _____ Grade _____ Birthdate ____ / ____ / _____ Gender M / F (circle one)

Parent's Name _____

Work Phone (_____) _____ - _____ Home phone(_____) _____ - _____

"I agree to cooperate with the leadership in all planned activities"

Sign (Child or Teen): _____

"I give my permission for my child/teen to participate in _____
youth event sponsored by Bethel Gilead Community Church.

(Health Insurance Co.) (Policy No.)

Sign: _____ (Parent or Legal Guardian)

I, _____, Hereby give permission to
(Print Parent or Guardian's Name)

Bethel Gilead Community Church to secure emergency medical and surgical treatment and routine, non-surgical care for _____ a minor child, while
(Print Child's name)

participating in activities sponsored by the above named organization.

(date) (Signature of Parent or Guardian)

BGCC Waiver and Release of Liability Form

In consideration of the opportunity to participate in Bethel Gilead Community Church youth activities, the undersigned youth and the undersigned parent or legal guardian waive(s), release(s), and agree(s) to hold harmless Bethel Gilead Community Church and their respective members, personnel, officers, board members, representatives, employees and volunteers from any liability to the undersigned and the personal representatives, heirs, assigns, and family of the undersigned, for all loss or damages on account of injury to the person or property of the undersigned participant relating to attendance at any church activity or transportation to or from any church activity, whether caused by the negligence, gross negligence or recklessness of the Releases or otherwise. The undersigned have read the Waiver and Release and voluntarily sign.

Signature of Participant

Date

Parental Consent/Waiver Release of Liability

I, _____ give permission for _____ to attend Bethel Gilead Community Church event as described above and I further agree to all the terms of the Waiver and Release of Liability stated herein.

Signature of Parent/Legal Guardian

Date