

North Avenue Church of God
1079 NORTH AVENUE, BATTLE CREEK, MI 49017
269-965-1908

2023-2024 Parental Medical/Permission Release Form

Name: _____ Birth Date: _____ Gender: M F
Address: _____
City: _____ State: _____ Zip Code: _____
School: _____ Grade: _____

Father _____ Mother _____

Parent's Home Phone: _____
Parent's Cell Phone: _____
Student's Cell Phone: _____

Parent's E-Mail: _____
Student's E-Mail: _____

Emergency Name & Phone Number if parent cannot be reached: _____
Relationship: _____

Allergies: _____
Current Medications: _____
Last Tetanus Shot: ___/___/___
Health Problems or Limitations: _____

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

Authorization September 1, 2023 – August 31, 2024

(Please complete other side also.)

To Whom It May Concern:

I give my permission for my student to participate in all North Avenue Church of God Youth Ministry activities sponsored and/or endorsed by the North Avenue Church of God, Battle Creek, 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 North Avenue Church of God.

By initialing this box, I give permission for my student to be photographed and those photos to be used for publicity purposes.

In consideration of my child's participation in youth ministry activities, I hereby waive North Avenue Church of God, Battle Creek, 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. If my child must leave an activity 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 Parent Name: _____

Parent Signature: _____

I agree to cooperate, live by the North Avenue Church of God Code of Conduct, and show respect for leadership in all planned activities. I also agree to behave in an appropriate manner which represents God, my church, my family, and myself at all times while involved with the Youth Ministry of North Avenue Church of God.

Print Student Name _____

Student Signature _____