

CONSENT TO PARTICIPATE AUTHORIZATION FORM:

**Youth Programs of Rochester Christian Reformed Church
GEMS—Cadets--Junior and Senior High Youth Groups**

Name of Child/Youth Participant: _____

Parent/Guardian Name: _____

Address: _____

Phone numbers: Home _____ Cell: _____ Other: _____

Emergency Contact, Name and Phone Number: _____

Hospital, preferred _____ Physician: _____

Health Insurance Company/Policy #/Primary Subscriber: _____

Date of last tetanus vaccine: _____ Allergies: _____

Medications, other pertinent medical information leaders should know:

I will make every effort to read any and all information that is sent home with my child and/or emailed to me pertaining to the activities for this ministry. I will communicate directly with ministry leaders should needs or questions arise.

Parent/guardian initials here: _____

***As parent/guardian, I hereby give my permission for my child to participate in meetings, events, and all related activities of the RCRC Child/Youth Ministries. I give consent for my child to be transported by volunteer drivers. I release the drivers, other volunteers associated with this ministry, and the organization of Rochester CRC from any and all liability for any injury suffered by my child in a motor vehicle accident while a passenger in the vehicle.

Parent/Guardian Signature

Date

***As parent/guardian, I hereby give permission to ministry supervisors, leaders, and volunteers of Rochester CRC to administer routine first aid and nursing care as needed, or to secure proper medical treatment by a licensed physician or hospital, if required for the safety and well-being of my child/minor. I release the supervisors, leaders, volunteers and Rochester CRC from all liability not covered by insurance.

Parent/Guardian Signature

Date

For the safety of your children, initial next to the dismissal method(s) you approve for your child

_____ I allow my child to walk or drive home alone or with siblings and friends of my child's choosing

_____ I allow my child to walk out alone to find me in the parking lot

_____ I will come inside the church building to pick up my child

***As parent/guardian, I have checked the box(es) that I approve of for my child. I release the staff and volunteers of Rochester CRC from all liability not covered by insurance in case of accident or injury before or after scheduled meetings take place.

Parent/Guardian Signature

Date
