



HAVEN REFORMED CHURCH

Release Form

Contact Information and Medical Release

Date ___/___/___

Grade: _____

Date of birth: ___/___/___

Student Name(s): _____

Address: _____

Health Ins. & Policy # _____

Phone # _____ Cell # _____ Student Cell #: _____

Parent's email: _____

Student email: _____

Special medical conditions such as diabetes or allergic reactions, and medications currently using: (Use back if needed)

Emergency Contact Information:

| Name(s) | Telephone | Type: (home/cell/work) |
|---------|-----------|------------------------|
| | | |

My child is allowed to be picked up by the following people:

Parent/Guardian Agreement:

Please **initial** each line below...

___ I give my permission for my child to be transported to and from Haven Reformed Church activities.
(May not apply to all programs)

___ I give my permission for emergency medical aid and surgical treatment and routine, non-surgical medical care for the minor(s) named above.

___ I release the adult volunteers and employees of Haven Reformed Church from all responsibility for accidents.

___ I will contact the church if the health insurance or contact information above needs to be changed.

___ I give permission for any photographs or video of my child taken during events to be used in Haven Reformed Church publications.

___ I understand if it is necessary for my youth to be returned home for dismissal or accident, I will be called to come for him/her at my own expense. (May not apply to all programs)

This consent and authorization shall remain in effect for one year from the date below, unless parental notification is received in writing prior to this date. It is the parent/guardian's responsibility to inform in writing of any changes to this information.

Parent/Guardian Signature _____ **Date:** _____

Print Name _____

Participant Agreement

While participating in Haven Reformed Church events, I will abide by all the rules. Student Signature(s) _____