

Minor Participation Authorization and Consent to Emergency Medical Treatment Form

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the "minor child").

I hereby give my consent to have my minor child participate in all activities and events of the Faith GEMS organization conducted at **Faith Christian Reformed Church, Tinley Park, IL** or elsewhere, including, but not limited to Camp Tecumseh (Brookston, IN), lesson field trips, and local service projects from September 1, 2025-August 31, 2026.

I recognize that there are risks involved in participating in all activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release **Faith Christian Reformed Church, Tinley Park, IL**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless **Faith Christian Reformed Church, Tinley Park, IL**, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Executed this _____ day of _____, 20_____.

Signature

Printed Name _____

Witness: _____

Witness: _____

Release and Waiver of Liability Form for Faith Christian Reformed Church GEMS Girls Club

Please provide emergency contact information: (PLEASE PRINT)

Name of Child: _____

First

Middle

Last

Date of Birth: ____/____/____ 2025-2026 Grade: _____

M D Y

Address: _____

Street

City

State

Zip

Mother's Name: _____ Phone Number: _____

First

Last

Father's Name: _____ Phone Number: _____

First

Last

E-mail address: _____

In the event that the parent/guardian cannot be reached, please contact:

Name: _____ Phone Number: _____

First

Last

Relationship to Child: _____

Additional comments regarding medical history, allergies, or drug reactions, etc. which may be needed in treatment:

Date of last Tetanus Shot: _____

Insurance Company _____ Policy # _____

I also give permission for my daughter to be photographed for use in GEMS **promotional materials**, including Faith's GEMS Photo Display, Faith's website, and GEMS International promotion. Girls will not be identified by name. Please choose one option and sign.

_____ Faith GEMS **HAS** permission to post pictures of my daughter on the GEMS Photo Display, Faith's website, and GEMS International promotion.

_____ Faith GEMS **DOES NOT** have permission to post pictures of my daughter on the GEMS Photo Display, Faith's website, and GEMS International promotion.

Parent/Guardian Name (printed) _____ Date _____

Parent/Guardian Name Signature _____ Date _____