

MEDICAL INFORMATION

Name: _____ Emergency Ph. #s: _____

Date of Birth _____ Emergency Ph. #s: _____

Name of Emergency Contact: _____

Address: _____

SPECIAL MEDICAL CONDITIONS such as Diabetes, Allergic Reactions,
Medications Currently using: _____

Doctor's Name: _____

Doctor's
Telephone: _____

Doctor's
Address: _____

INSURANCE INFORMATION

Insurance Company: _____

Policy Number: _____ Plan Number: _____

Claim Office Telephone
Number: _____

Claim Office
Address: _____

Employer Name and Address: _____

Employer Telephone
Number: _____

DRAFTED BY:
NATHAN BOCKS (P47272)
ATTORNEY AT LAW
Central Park Law, PLLC
1157 South Shore Drive
Holland, MI 49423
(616) 395-3761

Please fill out both sides of this form!

Christ Memorial Reformed Church
595 Graafschap Road, Holland, MI 49423

This form will be kept with the leader for any day trip, retreat, or camping experience and then will be kept on file in CMC's Youth Office.

CHRIST MEMORIAL CHURCH CONSENT FOR MEDICAL TREATMENT

Name (please print)

Emergency Contact

Emergency Phone Number(s)

The participant authorizes Christ Memorial Reformed Church and the adult members of its staff to consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis and/or treatment, hospital care, and/or dental care which is recommended by a licensed medical care provider and which will be performed by a licensed medical care provider, licensed within the state or country where the services are to be performed. **Special medical care information is on the reverse side of this form.**

The participant understands that this authorization is given before any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and or hospital care is required, but is given to provide authority and power to Christ Memorial Reformed Church and its adult staff members to give specific consent for medical or dental treatment or hospital care when advised by a licensed medical care provider and when the participant is unavailable to give consent.

The participant agrees to fully pay for any and all costs of medical or dental care provided by Christ Memorial Reformed Church and/or its adult staff members.

Medical Insurance Information is on the reverse side of this form.

THIS AUTHORIZATION SHALL REMAIN EFFECTIVE UNTIL REVOKED IN WRITING AND DELIVERED TO CHRIST MEMORIAL REFORMED CHURCH.

Dated: _____

(participant signature)

Please fill out both sides of this form!

Christ Memorial Reformed Church
595 Graafschap Road, Holland, MI 49423
(616) 796-3370

Christ Memorial Reformed Church

Liability Release Form

Name/Address/Phone of
PARTICIPANT

Name/Address/Phone of
PERSON TO CONTACT IN AN
EMERGENCY

HOME PHONE: _____

HOME PHONE: _____

CELL PHONE: _____

RELEASE OF LIABILITY

The PARTICIPANT, HEIRS, ASSIGNS and REPRESENTATIVES hereby release Christ Memorial Reformed Church, its staff members, volunteers, agents and representatives of any and all liability for any loss, injury, or property damage which may be the result of any aspect of any mission trip, retreat, event or excursion the Participant may participate in so long as specific written permission has been given by the Participant to participate in the specific mission trip, retreat, event or excursion. The Participant understands, acknowledges and accepts that there are inherent risks, both known and unknown, in travel and in the activities in which the participant will engage in during mission trip, retreat, event or excursion.

The Participant understands, acknowledges and accepts that these risks may result in serious injury and/or death.

The Participant also understands and acknowledges that individual **Participants are not covered under any policy of insurance held by Christ Memorial Reformed Church** and that Participants must provide any and all insurance coverage for themselves, including, but not limited to health, life and liability insurance.

Photographs or videos may be taken during the experience of the mission trip, retreat, event or excursion you or your child will be participating in. By signing this form, you are authorizing Christ Memorial Church to use those videos and/or photographs in any manner deemed appropriate by Christ Memorial Church, including, but not limited to use in promotional materials or church services.

I have read, understand and accept the terms above.

Participant Signature

Dated: _____

Prepared by:

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