

IMMANUEL
Christian Reformed Church



3520 Kiel Street, Hudsonville, Michigan 49426
Phone: (616) 669-9725
Email: office@immanuelcrc.com

September 10th, 2020

Dear Family of Immanuel CRC:

We are so excited for the children in your family to participate in youth focused ministries through our church. The Lord has truly blessed us with great opportunities for people of all ages to learn about advancing the gospel in our communities. Many of the opportunities entail children remaining in the care of the ministry leaders, sometimes off the church campus for days or a week at a time. This year we are also working to maintain as safe as possible environment during the COVID 19 pandemic.

If your child participates in Sunday School, Higher Ground, Cadets, GEMS, ET, or Crossroads, please complete the attached Medical Information Form and return it to the Gibby Niewenhuis, Amber Vedders, or the Safe Ministries Team (SMT) mailbox by **September 20, 2020**. There are additional blank copies in the SMT mailbox. The SMT will ensure the form is distributed to the ministries in which the child participates.

Thank you for your cooperation,

Safe Ministries Team
Aaron Eggebeen, Jake Porter, Dan VanderVeen

Safe Ministries Team
-MEDICAL INFORMATION FORM-
Valid from September 1, 2020 - August 31, 2021

PERSONAL INFORMATION:

Participant Name: _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Best parent email to contact: _____

MEDICAL INFORMATION:

Family physician: _____ Phone: _____

Medical insurance company: _____ Policy #: _____

Please list all medical conditions and allergies, including those requiring maintenance medication (e.g. diabetic, asthma, seizure disorder). If no medical conditions or allergies, please initial here: If you prefer not to disclose medication information, please initial here: _____

Medication	Dosage	Freq . of dosage	Reason for Medication

List any allergies to medications, food or other: _____

Date of most recent tetanus toxoid booster: _____

EMERGENCY CONTACTS:

Primary: _____ Secondary: _____

Name: _____ Name _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone : _____

Safe Ministries Team
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PARTICIPATION AGREEMENT

I acknowledge that participation in any activity involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

I acknowledge the inherent risk of participation in group activities during the COVID 19 pandemic in the community. I agree to follow appropriate precautions/advisements recommended by Immanuel CRC council and education committee.

In consideration for the opportunity to participate in the activity, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by Immanuel CRC or its ministry coordinator, employees, volunteers, or any other representatives. Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Immanuel CRC and/or the sponsor coordinator for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of Immanuel CRC, the participant, or otherwise.

STATEMENT OF MEDICAL RELEASE

I, who by law may do so, authorize the administration of emergency medical treatment to he/she who is subject of this form. I understand all reasonable safety precautions will be taken at all times by Immanuel Christian Reformed Church and its agents to avoid accident, injury and disease, and I will therefore not hold Immanuel Christian Reformed Church or its agents liable for any accident, injury or disease incurred by the subject of this form. We also assume responsibility for all medical bills. I understand that in the event medical intervention is needed every attempt will be made to contact the person(s) above immediately.

Parent/Guardian Signature _____ Date _____
(participant and/or parent/guardian if participant is a minor)

Home Phone: _____ Cell phone: _____

PLEASE CIRCLE ALL MINISTRIES THIS CHILD IS INVOLVED IN THIS SCHOOL YEAR:

- Sunday School (Grades K-5) / Higher Ground (Grades 6-12) / GEMS (Grades 2-6) I
- Cadets (Grades 3-8) / ET (Grades 6-8) / Crossroads (Grades 9-12)