

Greendale Mennonite Brethren Church

Medical Release & Permission Form – Boys Brigade

Effective dates: Sept 2023 – June 2024

Please print in ink

Name: _____ Age _____ Birthday _____
 LAST FIRST MIDDLE

Parent/Guardian: _____ Phone: Home _____ Work _____

Emergency contact: _____ Phone: Home _____ Work _____

For your information, we expect each student to conform to these rules of conduct:

No fighting, weapons, fireworks, or lighters.

Participation with the group is expected

Respect property

Respect one another, staff, and adult leaders

Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home. Their parents, or guardian will be notified to pick them up at the Church.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in Boys Brigade activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

_____ has my permission to attend Brigade Boys Brigade.

NAME OF STUDENT

Sponsored by the Greendale Mennonite Brethren Church.

This consent form gives permission to seek whatever emergency medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any illness and/or exposure to illness, injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.

Parent/guardian signature: _____ Date: _____

Witnessed by: _____ Position: _____ Date: _____