



2024 – 2025

PERMISSION/MEDICAL AUTHORIZATION FORM

Green Lake Calvary Church
608 - 145th Ave., Caledonia, MI 49316
Phone: (616) 891-8764 Fax: (616) 891-9024
Email: glcc@greenlakecalvary.org

As a parent/legal guardian of _____, I give permission for him/her to be involved in the overall activities of Green Lake Calvary Church (hereinafter 'GLCC') and to ride in the church's designated vehicles for events.

I understand all reasonable safety precautions will be taken at all times by GLCC Staff and its agents during the events and activities. I authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Green Lake Calvary Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name (Please Print) _____ Student Name _____

Parent/Guardian Signature _____ Date _____

Address/City/Zip _____

Cell Phone # _____ Home Phone # _____

Health/Medical Ins. Co. _____ Policy Number _____

Please list any allergies and/or medical conditions the subject of this release may have. Also list any prescription medications he/she may be taking at this time.
