EAGLE RIDGE CHURCH OF GOD

2808 WALDO MIDLAND MI 48642
989-835-7101 www.erchog.org

2026-27 Parental Medical/Permission Release Form

Name:_____Birth Date:_____ M or F _____

Address:_____

City:_____State:_____ Zip Code:_____

School:_____Grade:_____

Dad's Name_____ Mom's name_____

Parent's Home Phone:_____

Parent Cell Phone:_____

Parent Business Phone: _____

Student's Cell Phone: _____

Parent E-Mail:_____

Student's E-Mail: _____

Emergency Name & Phone Number if cannot be reached:

_____

Allergies:_____
Current Medications:_____
Last Tetanus Shot: ___/___/___
Health Problems or Limitations: _____
_____

Medical Insurance Co: _____
Policy # _____Group # _____ Code #_____
Member's Name:_____
Employer Provider:_____

Authorization September 1, 2026 – September 1, 2027

(Please complete other side also.)

To Whom It May Concern:

I give my permission for my student to participate in all Eagle Ridge Church of God Youth Ministry activities sponsored and/or endorsed by the Eagle Ridge Church of God, Midland, MI. Activities may include but are not limited to the following: day and overnight trips (chaperoned), recreation events, camps, weekly bible studies, small groups, service projects, fundraisers, etc. I hereby give permission for my student to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in events sponsored by Eagle Ridge Church of God. I also give permission for my student to be photographed and those photos to be used for publicity purposes.

Parents: I fully support the leadership of the Eagle Ridge Church of God Youth Ministry and do waive Eagle Ridge Church of God, Midland, MI and its employees and members of all liability. I authorize any transportation to or medical treatment deemed necessary by any accredited hospital and/or physician for my child in case of emergency during his/her attendance on any activity. I understand that if my child needs to be sent home, for sickness or misbehavior, I am expected to provide immediate transportation from the activity or it will be provided at my expense. I expect to be contacted as soon as possible.

Print Name: _____

Parent Signature:_____

Youth: I agree to cooperate, live by the Eagle Ridge Code of Conduct, and show respect for leadership and any guidelines in all planned activities. I also agree to behave in an appropriate manner which represents God, your church, your family, and yourself at all times while involved with the Youth Ministry of Eagle Ridge Church of God.

Print Name_____

Student Signature_____