

YOUTH REGISTRATION  
Fight Poverty and Create Opportunity  
Cass Community Social Services Mission Trip  
October 9, 2021

Meeting Saturday, October 9 at 9:00am at PCO and returning before 6 p.m.

Please let us know ASAP if you can join to help with the exciting task of organizing tools donated by PCO members and other congregations. We will be helping create a tool lending library for people who live in Cass's Tiny Homes, which you will get to see. We also hope to see Cass's new "freight farm", a hydroponic garden in a shipping container. Please include this form with the completed Medical Release form and return to Ellen Hoekstra or Anna Thiel by Sunday, October 3.

Name of youth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION**

Event: Mission Trip to Detroit

Date: Saturday, October 9, 2021

**MEDICAL TREATMENT AUTHORIZATION**

This section must be completed and signed by a parent or guardian for all youth participants before they can participate in this program. If this form is not completed, youth participants will not be allowed to participate.

Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated only if the situation is urgent and does not permit delay.

PARTICIPANT'S FULL NAME: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

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PRIMARY CARE PHYSICIAN'S NAME:	
PHYSICIAN'S ADDRESS:	
PHYSICIAN'S PHONE:	

**HEALTH INSURANCE INFORMATION**

POLICY HOLDER'S NAME AND RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

POLICY HOLDER'S ADDRESS: \_\_\_\_\_

PLEASE ATTACH A PHOTOCOPY OF BOTH SIDES OF YOUR INSURANCE CARD (PREFERRED) OR COMPLETE THE INFORMATION REQUESTED HERE:

INSURANCE COMPANY NAME AND ADDRESS: \_\_\_\_\_

INSURANCE COMPANY PHONE NUMBER \_\_\_\_\_

ALL POLICY NUMBERS (PLEASE IDENTIFY): \_\_\_\_\_

IN YOU HAVE HMO INSURANCE, PLEASE LIST EMERGENCY TREATMENT AUTHORIZATION PHONE NUMBER: \_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS: \_\_\_\_\_

**INFORMATION NEEDED ABOUT PARTICIPANT:**

Please check yes or no. If yes, explain below or on another sheet if you need more room.

**YES    No**

    Does the participant have any chronic health problem or illness?

    Does he or she have any acute illness now?

    Has the person been treated recently for some medical problem?

List any medications he or she is now taking for treatment of any medical problem.

\_\_\_\_\_

\_\_\_\_\_

    Does the participant have any allergies to medication or local anesthetics?

    Does he or she have any allergies?

\_\_\_\_\_

\_\_\_\_\_

Date of his or her last tetanus shot: \_\_\_\_\_

OFFICAL AUTHORIZATION FOLLOWS:

I (parent or guardian), \_\_\_\_\_ recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that members or staff of The Presbyterian Church of Okemos may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian must sign here if participant is under age 18.)

**RELEASE FOR AUDIO, VIDEO, FILM AND PHOTOGRAPHS**

Participants in events sponsored by The Presbyterian Church of Okemos (PCO) are sometimes photographed and videotaped for use in PCO historical and educational materials.

I authorize The Presbyterian Church of Okemos to record the image and voice of the subject named below, and give PCO all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, historical, and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed, with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Print subject's name (adult or youth) \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent or guardian must sign here if subject is under age 18.)

Date: \_\_\_\_\_