

**Section 1: Program** 

## **Minor Children Program Release Form**

1 Campus Drive, Allendale, Michigan 49401

Name of program:				
Date(s):				
Section 2: Minor Child Informatio	n			
Name:		_ Name You Use (ex: Nickn	ame, Chosen Name):	
First Middle  Cell Phone: Alt	Last ernative Phone:			
Section 3: Parent/Legal Guardian,				
Parent/Legal Guardian/Foster Parent:	First	Middle	Last	
Cell Phone:	Alternative Phone:	Ext.:		
Email:				
<b>Emergency Contacts</b>				
1) Name:	Phone:	Alternative Phon	e:	
2) Name:	Phone:	Alternative Phon	e:	
Section 4: Medical Information				
Is the minor child currently being treated by a	physician for an injury or	illness? Yes or No; if yes, ple	ease explain:	
List all medical conditions that shoul noted:	d be List all medicati taken:	on that is currently being	List all allergies/health conditions/concerns:	
Reaction to allergies/conditions/concerns:				

All Programs must establish a procedure for the pick-up and drop-off of Program Participants, specifying times and locations. The Authorized Adult(s) overseeing the pick-up and drop-off of Program Participants shall remain at the specified location until all minor children have been released.

As the parent/legal guardian/foster parent of the min transportation procedures provided by the Program. If there are			
Printed Name of Parent/Legal Guardian/Foster Parent Sign	ature of Parent/Legal Guardian/	/Foster Parent	Date
Section 6: Certification			
As the parent/legal guardian/foster parent of the min correct to the best of my knowledge that I agree to the following in Grand Valley State University (GVSU) program or visit and/or I give my permission to GVSU, St. Mary's Hospital, Spe System or other health care providers to provide, seek, obtain, involvement in the GVSU programs. I understand that this author required and is to serve as specific consent to any and all such or rights under the Health Insurance Portability and Accountability healthcare.  I acknowledge that participation in the camp/activity, assume such risk on behalf of the minor child and give my perminarmless GVSU, its Board of Trustees, students and employees arising out of any activity except where the injury or damage is child will be subject to the rules and regulations of the GVSU can disobeys University policies or procedures will be immediately experted.  Printed Name of Parent/Legal Guardian/Foster Parent	g as a condition of (Minor child' related activities. Extrum Health Care System, North or approve any routine, necessal prization is given in advance of a liagnosis, treatment or hospital of Act (HIPAA) and authorize GVSI visit and/or related activities invision to the minor child to part from all claims, actions, damage caused by the gross negligence of mp/activity/visit and/or related	th Ottawa Community ory, or emergency heal any specific diagnosis, care which may be de U to release informati volves assumed and in icipate in all program as and liabilities for per of the university's emplactivity. I understand U is not responsible for	participation  Hospital, Metropolitan Health Care th care during the minor child's or treatment or medical care being emed advisable. I understand my on as necessary for managing program therent risk of personal injury. I activities. I release and agree to hold rsonal injury or damage relating to or ployees. I understand that the minor that any person who repeatedly
Section 7: Permission			
has my permission	to participate in		
(Minor child's Name)	(Program)	)	
Section 8: Release and Indemnification			
I have read this entire Minor Child Program Release Form and a bound by it.	gree to release and indemnify th	he university, I fully ur	nderstand it and I agree to be legally
Minor child's Name (please print):			
Printed Name of Parent/Legal Guardian/Foster Parent Sign	ature of Parent/Legal Guardian/	/Foster Parent	Date
(Optional) Release for Advertising, Publicity, and Display Mate.  I hereby authorize Grand Valley State University to:  (a) Record my child's likeness and voice on a video, at (b) Use my child's name in connection with these recording to the control of the cont	dio, photographic, digital, and e ordings. n (e.g. print publications, video t t to its authority, deem appropr at charge and without reservation ervices. I waive any rights of act	tapes, CD-ROM, Interr riate, including promo on, my child's likeness tion I may have and re	net/WWW) these recordings for any tional or advertising efforts. in any medium and for any lawful lease Grand Valley State University
Signature of Parent/Legal Guardian/Foster Parent	Date		

<sup>\*</sup>Refusal to sign this portion of the release form does not impact the minor child's rights to participate.