

Release Form for MHYC Sept. 1, 2024 to February 28, 2025

		YOU	th Informatio	n				
Last Email		First M.I. Cell Phone		Age Grade School Attending		Date of Birth		
Name:								
Address:								
	Street Address							
	City				State	ZIP Code		
	Email			Cel	l Phone			
Altern	ative Contact, Relationship to Youtl	- h		Phone				
		Insura	nce Informati	on				
Pol	icyholder Name	Medical Release,	Policy			Carrier		
ne above-named child ursuant to the provision of act in my place and a nderstand that one of tuations that appear plinisters, and advisors esponsibility for all ex grant to Lansing First gree that First Presby	me and to give the require d and to do all other necess ion of State of Michigan P.A stead in all states of the Unif these advisors will make reto be life-threatening. I ago are free of any liability for spenses incurred for medical threatening and First Presterian Church of Holt may until stration, advertising, and sillustration, advertising, and	ary things as I might o . 1978, NO. 642, Sectio ited States and all prove repeated attempts to concee that Lansing First Portions and Jor actional treatment for the about the content of Ho se such media with or d web content. I have	r could do if pe n 405 of the Pr vinces and terri ontact me prio resbyterian and ons taken in co ove-named chi edia Release lt the right to so without the ch	rsonally present. obate Code; is intories of Canada; to seeking treat I the First Presbyt Innection with th Id." coure and store violation in the secure and store and store of the stand the above	This LIMITED POWER O tended to authorize the and is effective from 9 ment for the above-na terian Church of Holt, it is Limited Power of Att isual and audio media y lawful purpose inclu	of ATTORNEY is given e above-mentioned leader of 1-24 to 2-28-25. I amed child except in as employees, boards, corney, and that I will accept of the above-named child.		
olicy, the right to con unctions, email, grou nd available to other	t Presbyterian and First Pres nmunicate with the above- p telecommunications or si persons (youth and adults)	named child via comm milar technologies. Tu I participating in the co S	nunications too Inderstand tha	ls and application the above-name	ns including SMS/MMS, ed child's contact infor	, instant messaging, chat mation may become visible		
-	-Named Parent or Guardia				30			
npscrided and sworn	to before me,	, this	d	ıy ot	, 20			
ionature	My commission expires on							



Release Form for MHYC March 1, 2025 to Aug. 31, 2025

		Youth	n Information									
Last		First	M.I.	Age		Date of Birth						
Email		Cell Phone		School Attending								
Parent/Guardian Information												
Name:												
Address:												
	Street Address				Арt. #	_						
	City			Si	tate	ZIP Code						
	Email			Cell F	Phone Phone	-						
Alternative Contact, Relationship to Youth			Ph	one								
Insurance Information												
Policyholder Name			Policy #			Carrier						
Pol	incynolider Name	Medical Release/L		of Attornov	_	camei						
OF ATTORNEY to act for the above-named chil pursuant to the provis to act in my place and understand that one o situations that appear ministers, and advisor responsibility for all existence of the control of the con	xpenses incurred for medical to t Presbyterian and First Presby terian Church of Holt may use illustration, advertising, and w t Presbyterian and First Presby mmunicate with the above-na	consents and authorizely things as I might or of 1978, NO. 642, Section of States and all proving the eact of the treatment for the above treatment fo	ations for the de could do if perso 405 of the Prob- nces and territor ntact me prior to sbyterian and the ns taken in conn ve-named child. dia Release the right to secu- rithout the child had and understa ications Release and its staff and nications tools a	elivery of necessinally present. Tate Code; is interested to canada; as seeking treatment of the certain with this to canada; as and store vises name for any and the above."	sary medical care, d This LIMITED POWER Ended to authorize t and is effective from ment for the above-n erian Church of Holt, s Limited Power of A ual and audio medi lawful purpose incl teers adhering to the s including SMS/MM	iagnoses, and treatment to OF ATTORNEY is given the above-mentioned leaders 13-1-25 to 8-31-25. I mamed child except in its employees, boards, attorney, and that I will accept the above-named child. I luding, for example, such the church's Child Protection IS, instant messaging, chat						
	p telecommunications or simi persons (youth and adults) pa	articipating in the con										
Signature of the Above	e-Named Parent or Guardian											
Subscribed and sworn to before me,		, this	day of, 20			<u>-</u> .						
Signature			My commission expires on , 20 .									