# Release Form for MHYC
# March 1, 2022 to Aug. 31, 2022

## Youth Information

_____ _____ ____ _____ _____ _____
*Last* *First* *M.I.* *Age* *Grade* *Date of Birth*

_____ _____ _____
*Email* *Cell Phone* *School Attending*

## Parent/Guardian Information

Name: _____

Address: _____ _____
*Street Address* *Apt. #*

_____ _____ _____
*City* *State* *ZIP Code*

_____ _____
*Email* *Cell Phone*

_____ _____
*Alternative Contact, Relationship to Youth* *Phone*

## Insurance Information

_____ _____ _____
*Policyholder Name* *Policy #* *Carrier*

## Medical Release/Limited Power of Attorney

"I hereby grant to the staff and designated ministry leadership of the First Presbyterian Church of Holt and Lansing First Presbyterian, the LIMITED POWER OF ATTORNEY to act for me and to give the required consents and authorizations for the delivery of necessary medical care, diagnoses, and treatment to the above-named child and to do all other necessary things as I might or could do if personally present. This LIMITED POWER OF ATTORNEY is given pursuant to the provision of State of Michigan P.A. 1978, NO. 642, Section 405 of the Probate Code; is intended to authorize the above-mentioned leaders to act in my place and stead in all states of the United States and all provinces and territories of Canada; and is effective from 3-1-22 to 8-31-22. I understand that one of these advisors will make repeated attempts to contact me prior to seeking treatment for the above-named child except in situations that appear to be life-threatening. I agree that Lansing First Presbyterian and the First Presbyterian Church of Holt, its employees, boards, ministers, and advisors are free of any liability for decisions and /or actions taken in connection with this Limited Power of Attorney, and that I will accept responsibility for all expenses incurred for medical treatment for the above-named child."

## Media Release

"I grant to Lansing First Presbyterian and First Presbyterian Church of Holt the right to secure and store visual and audio media of the above-named child. I agree that First Presbyterian Church of Holt may use such media with or without the child's name for any lawful purpose including, for example, such purposes as publicity, illustration, advertising, and web content. I have read and understand the above."

## Communications Release

"I grant to Lansing First Presbyterian and First Presbyterian Church of Holt and its staff and ministry volunteers adhering to the church's Child Protection Policy, the right to communicate with the above-named child via communications tools and applications including SMS/MMS, instant messaging, chat functions, email, group telecommunications or similar technologies. I understand that the above-named child's contact information may become visible and available to other persons (youth and adults) participating in the communication who may gain access to said technologies."

## Subscription

Signature of the Above-Named Parent or Guardian _____

Subscribed and sworn to before me,_____, this _____ day of _____, 20_____.

Signature_____ My commission expires on_____, 20_____.