

## Kaufman Interfaith Institute - Statement of Consent (Minors)

Kaufman Interfaith Institute - Grand Valley State University

301 Michigan St NE | Grand Rapids, MI | 49503

I, \_\_\_\_\_, am the parent or legal guardian of the following minor(s):

Minor's Name	Minor's Age	Minor's Date of Birth

I consent to allow the minor(s) listed above to participate in Kaufman Interfaith Institute programming scheduled for the \_\_\_\_\_ - \_\_\_\_\_ school year.

I am aware that the primary meeting location for Kaufman programming is the Cook-DeVos Center for Health Sciences (CHS), a Grand Valley State University building located at 301 Michigan St. NE in Grand Rapids. I am also aware that some meetings and events may take place in the greater Grand Rapids area at partner organization sites. The Kaufman Interfaith Institute agrees to disclose those locations to all relevant parties upon confirming those visits.

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless the Cook-DeVos Center for Health Sciences (CHS), Kaufman Interfaith Institute, Grand Valley State University, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Minor(s): \_\_\_\_\_

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

# Kaufman Interfaith Institute - Medical Release Form (Minors)

Kaufman Interfaith Institute - Grand Valley State University  
301 Michigan St NE | Grand Rapids, MI | 49503

## 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

## INFORMATION NEEDED ABOUT PARTICIPANT:

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

### Yes No

\_\_\_ \_\_\_ Does the participant have any chronic health problems or illnesses?

\_\_\_\_\_

\_\_\_ \_\_\_ Does the participant have any acute illness now?

\_\_\_\_\_

\_\_\_ \_\_\_ Has the participant been treated recently for some medical problem?

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_ \_\_\_ Does the participant have any allergies?

\_\_\_\_\_

Date of their last tetanus shot: \_\_\_\_\_

List of any medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH INSURANCE INFORMATION:**

Policy holder's name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Policy holder's address:

\_\_\_\_\_

\_\_\_\_\_

**Please provide 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): \_\_\_\_\_

\_\_\_\_\_

If you have HMO insurance, please list emergency treatment authorization phone number:

\_\_\_\_\_

Employer's name and address: \_\_\_\_\_

\_\_\_\_\_

OFFICIAL AUTHORIZATION:

I, \_\_\_\_\_ (parent or legal guardian), recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that Kaufman Interfaith Institute staff 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.

Signed: \_\_\_\_\_

Printed First Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

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

## Kaufman Interfaith Institute - Photo/Video Release (Minors)

Kaufman Interfaith Institute - Grand Valley State University

301 Michigan St NE | Grand Rapids, MI | 49503

I, \_\_\_\_\_, am the parent or legal guardian of the following minor(s):

Minor's Name	Minor's Age	Minor's Date of Birth

I hereby grant **the Kaufman Interfaith Institute** the right to take, edit, alter, copy, exhibit, publish, distribute, and make use of any and all pictures or videos taken of Minor(s) to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, websites, social media sites, and other print and digital communications.

This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing, or the Minor(s) revokes this authorization in writing upon reaching the age of 18.

I waive any right that I or the Minor(s) may have to inspect or approve any finished product in which Minor's likeness appears, including written or electronic copy.

I understand and agree that these materials shall become the property of the Kaufman Interfaith Institute and will not be returned.

I hereby hold harmless and release the Kaufman Interfaith Institute from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate and Minor(s) estate(s).

I warrant that I am of full age and have every right to contract for Minor(s) in this regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with its contents.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Minor(s): \_\_\_\_\_

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