

Carol J. Greer Community Learning Center  
Consent and Medical Information Form

Dear Parent or Guardian:

For your child(ren) to participate in a GCLC activity, we need your consent and involvement in helping your child(ren) have a productive and safe experience. Please carefully read, fill out, and sign this form. If you have any questions or would like further information, please call the GCLC at [+1 517-484-2180](tel:+15174842180) or send an email to [greercommunityLC@gmail.com](mailto:greercommunityLC@gmail.com).

Parent/guardian name: \_\_\_\_\_

Parent/guardian emergency contact phone number: \_\_\_\_\_

Parent/guardian home phone number: \_\_\_\_\_

Parent/guardian mailing address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/guardian email address(es): \_\_\_\_\_

Participant(s) covered by this form.

	Name	Birthdate (MM/DD/YY)	Home Address
Child 1			
Child 2			
Child 3			

Does the participant have any chronic health problem or illness? (If “Yes”, explain.)

	Yes	No	Explanation
Child 1			
Child 2			
Child 3			

Has the participant been treated recently for some medical problem? (If “Yes”, explain.)

	Yes	No	Explanation
Child 1			
Child 2			
Child 3			

Is the participant taking any medications for treatment of a medical problem? (If “Yes”, list medications.)

	Yes	No	Medications
Child 1			
Child 2			
Child 3			

Does the participant have any allergies to medication or local anesthetics? (If “Yes”, explain.)

	Yes	No	Explanation
Child 1			
Child 2			
Child 3			

Does the participant have any other allergies? (If “Yes”, explain.)

	Yes	No	Explanation
Child 1			
Child 2			
Child 3			

**Tetanus shot status and primary care physician information.**

	Date of last tetanus shot	Name of participant's primary care physician	Address/phone of participant's primary care physician
Child 1			
Child 2			
Child 3			

**Health Insurance Information:**

Although not required, we strongly recommend providing the following health insurance information.

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

Relationship of policyholder to participant(s): \_\_\_\_\_

Address of policyholder: \_\_\_\_\_

Please attach a photocopy of both sides of your insurance card (preferred) OR complete the information requested here:

Insurance company phone number: \_\_\_\_\_

All policy numbers on the insurance card (please identify): \_\_\_\_\_

If you have HMO insurance, the emergency treatment authorization number: \_\_\_\_\_

Employer's name: \_\_\_\_\_

In connection with and consideration of my child(ren)'s (named above) participation in GCLC activities, I, on behalf of my child(ren) and myself, my heir(s), and assign(s), hereby represent and agree as follows:

- ☐ Select one of the following consent options:
- I authorize my child(ren) to participate in any GCLC activity while this authorization form is effective (up to one year).
  - I authorize my child(ren) to participate in the following GCLC activities (include dates): \_\_\_\_\_  
\_\_\_\_\_  
(Send email to ([greercommunityLC@gmail.com](mailto:greercommunityLC@gmail.com)) to add activities to this form for up to one year.)
- ☐ I acknowledge that GCLC may record my child(ren)'s image and/or voice for promotional purposes. I understand and agree that these audio/video/print images may be edited, duplicated, distributed, reproduced, broadcasted, and/or reformatted in any form and manner without payment of fees in perpetuity. Select one of the following consent options:
- I authorize such use of my child(ren)'s recorded image and/or voice.
  - I do NOT authorize the use of my child(ren)'s recorded image and/or voice.
- ☐ I recognize that while attending GCLC activities, medical treatment on an emergency basis may be necessary for my child(ren), and I further recognize that volunteers or staff overseeing the program may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to emergency care, including hospital care, as deemed necessary under the circumstances and to assume the expenses of such care. I authorize the medical facility to release all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.
- ☐ I understand that as a participant in GCLC activities, my child(ren) may participate in physical activity. I represent and warrant that my child(ren) is (are) in good physical condition and has (have) no health-related or other problems that would preclude or restrict their participation or otherwise render their participation dangerous or harmful to them or others.
- ☐ I understand that as a participant in GCLC activities, my child(ren) will be provided food and it is the responsibility of my child(ren) to ask about ingredients in all food they choose to ingest. I also certify that I have discussed this responsibility with them.
- ☐ I understand this authorization form becomes effective on the date indicated below and remains effective for up to one year. I may rescind my authorization at any time by email, phone, or notifying a GCLC staff member.
- ☐ I agree that this agreement shall be governed by the laws of the State of Michigan without giving effect to any choice or conflict of law principles of any jurisdiction, and if any portion of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Parent/Guardian's Full Name (please print): \_\_\_\_\_

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