



Grosse Pointe Memorial Church

Release Form for Children/Youth

Sept. 1, 2025 to February 28, 2026

Youth Information

----- Last Name	----- First Name	----- M.I.	----- Age	----- Date of Birth	----- Grade
----- Email	----- Cell Phone	----- School Attending			

List allergies or write none: -----

Parent/Guardian Information

----- Name	----- Cell Phone	----- Email
----- Street Address		----- Apt. #
----- City	----- State	----- Zip Code
----- Alternative Contact	----- Relationship to Youth	----- Phone Number

Insurance Information

----- Policyholder Name	----- Policy #	----- Carrier
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Medical Release/Limited Power of Attorney

"I hereby grant to the staff and designated ministry leadership of the Grosse Pointe Memorial Church, 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 9-1-25 to 2-28-26. 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 Grosse Pointe Memorial Church, 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."

Communications Release

"I grant to Grosse Pointe Memorial Church 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."

Media Release

"I grant to Grosse Pointe Memorial Church the right to secure and store visual and audio media of the above-named child. I agree that Grosse Pointe Memorial Church 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."

Yes, I grant them permission.

No, permission is not granted.

Parent Signature: _____ Printed Name: _____ Date: _____



Grosse Pointe Memorial Church
Release Form for Children/Youth
March 1, 2026 to August 31, 2026

Youth Information

 Last Name First Name M.I. Age Date of Birth Grade

 Email Cell Phone School Attending

List allergies or write none: -----

Parent/Guardian Information

 Name Cell Phone Email

 Street Address Apt. #

 City State Zip Code

 Alternative Contact Relationship to Youth Phone Number

Insurance Information

 Policyholder Name Policy # Carrier

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