

Please complete and return to the Church Office.

Woodland Oaks Church of Christ 2017 Parental Consent and Release for Medical Purposes

Child's Full Name: _____

Date of Birth: _____ Male Female Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

School: _____ 2016-2017 School Grade: _____

Mother's name: _____ Phone: _____
home cell work

Father's name: _____ Phone: _____
home cell work

In case of emergency, call (if parents can not be contacted)

Name: _____ Relationship: _____ Phone: _____

The undersigned does hereby give permission for our (my) child, _____, (name of child)

to attend and participate in the sponsored **2017 events of Woodland Oaks Church of Christ (Youth Group)**. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Woodland Oaks Church of Christ.

Woodland Oaks Church of Christ and its representatives will take every possible precaution to insure good health and to prevent accidents to your child. However, in the event of sickness or accident, representatives of Woodland Oaks Church of Christ will make every effort to contact parents and will have authority to obtain and provide the best possible medical attention.

I, as parent or guardian of the above-named child, give my consent to Woodland Oaks Church of Christ to exercise their judgment concerning the proper administration of medical attention to my child by licensed medical professionals. I give my consent for Woodland Oaks Church of Christ to sign documents permitting the performance of medical assistance as deemed necessary by a legally licensed physician at the time of illness or injury. I further release Woodland Oaks Church of Christ and its representatives from any liability (financial or otherwise) arising directly or indirectly from medical attention which may be administered.

Woodland Oaks regularly takes pictures of its activities. From time to time these are used in church publications and newsletters, the church web page, and projections in the auditorium. **Please check one: I do _____ / I do not _____ give permission for my child's pictures to be used in these presentations.**

Signature of Parent _____ Date _____

By signing below, the participant in the activity listed above agrees to show proper respect to adult sponsors and to abide by the rules and guidelines established for their safety and enjoyment of the activity.

Signature of Participant _____ Date _____
(agrees to above terms and gives release for medical attention if 18 years or older).

Shirt Size – Circle One: Adult Sizes: S M L XL XXL

MEDICAL INFORMATION

Medical information for: _____
(name of child)

Information provided by: _____
(name of person completing form)

Physician Information

Physician's Name: _____ Phone: _____

Medical Insurance Information

Policy Holder: _____ Group # / Policy #: _____

Insurance Provider: _____ Phone: _____

Current Medications

Drug / Food Allergies

Chronic Illnesses or Medical Conditions

(ADD or ADHD, asthma, bleeding disorders, diabetes, epilepsy, heart problems, intestinal problems, seizures, etc.)

Comments or Special Instructions