

Please complete and bring to the Church Office.  
**Woodland Oaks Church of Christ**  
**Parental Consent and Release for Medical Purposes**

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ School Grade: \_\_\_\_\_

Parent / Guardian's name(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
primary alternate 1 alternate 2

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**The undersigned does hereby give permission for our (my) child whose name is listed above, to attend and participate in WOCC sponsored events (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, Woodland Oaks' representatives will make every effort to contact parents and will have authority to obtain and provide the best possible medical attention.

My child is under the age of eighteen (18). 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 directly or indirectly arising from illness, accident, or from administered medical attention.

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. Names are not normally included with pictures, but when names are given, first names are normally the only ones listed. **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

## MEDICAL INFORMATION

Medical information for: \_\_\_\_\_  
(name of child)

Information provided by: \_\_\_\_\_  
(name of person completing form)

### Physician Information

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Emergency Room: \_\_\_\_\_

### Medical Insurance Information

Policy Holder: \_\_\_\_\_ Group # / Policy #: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

### Current Medications

### Drug Allergies

### Chronic Illnesses or Medical Conditions

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

### Comments or Special Instructions