

Oak View Baptist Church

Medical & Liability Release

Name of Student _____

Date of Birth _____

Address _____

City _____ ZIP _____

Home Phone _____ Cell Phone _____

Allergies (include food allergies): _____

Medications taken: _____

Activity: _____ Date: _____

I understand that in the event of medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the even I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed medically necessary.

I understand that my health insurance coverage for my child will provide primary coverage in the event medical treatment or intervention is needed.

I agree to allow the identified student to participate in the activity identified above and understand all reasonable safety precautions will be taken at all times by Oak View Baptist Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Oak View Baptist Church, its leaders, employees, and volunteer staff liable for any damages, losses, diseases, or injuries incurred as a result of the student's participation in this activity.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

*PLEASE REMEMBER TO PROVIDE THE INFORMATION REQUESTED
ON PAGE 2 OF THIS FORM*

PAGE 2 MEDICAL & LIABILITY RELEASE

EMERGENCY CONTACT PERSON

NAME _____

Address (if different from student) _____

Home Phone _____

Work Phone _____

Cell Phone _____

ALTERNATE CONTACT PERSON

NAME _____

Home Phone _____

Work Phone _____

Cell Phone _____