



Effective dates: _____ to _____

Please print in ink

Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

Year in school _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Pager / cell _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which the minor is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this minor. If necessary, add another page with details (especially if allergies to medication or food is present):

- 1. For your minor's safety and our knowledge, is this individual a—
 good swimmer fair swimmer non-swimmer
- 2. Does is this individual have allergies to—
 pollens medications food insect bites
- 3. Does is this individual suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap
- 4. Date of last tetanus shot: _____
- 5. Does this individual wear glasses contact lenses
- 6. Please list and explain any major illnesses that this individual experienced during the last year:

Additional comments:

Should their activities be restricted for any reason? Please explain:



For your information, we expect each person to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No minor can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Individuals who fail to comply with these expectations may be sent home at their parents' expense.

In addition, this form will act as a release to the use of pictures, videos, and the likeness of the minor for our website (including Facebook) or promotional material through any appropriate medium.

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit the minor's participation in any event, please submit your wishes in writing to the church leadership prior to that event.*

_____ has my permission to attend all church activities
NAME OF MINOR

sponsored by _____ **OAKDALE BAPTIST CHURCH** _____ (hereinafter
the
"Church") from _____ to _____
DATE DATE

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named individual.

I/We the undersigned have legal custody of the person named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the child named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the child ministries staff member.

Parent/guardian signature: _____ Date: _____