

Oak View Baptist Church

September 2011 – August 2012 Child Medical/Permission and Release Form

Child's Last Name: _____ First Name: _____ Middle Name: _____

Name Child Goes By: _____ Sex: Male Female (Circle)

Home Address: _____
(Street) (City) (State) (Zip Code)

Email: _____

Phone #: () _____

Father's Name _____ Father's Cell #: () _____

Mother's Name _____ Mother's Cell #: () _____

Child's Date of Birth _____ Age _____

School Grade: _____ Is the child a member of OVBC? _____

If no, what church does the child attend? _____

IN CASE OF EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone #: () _____ Cell Phone #: () _____

Child's Condition of Health: Excellent ____ Good ____ Fair ____ Poor ____

Any known medical problems? Yes ____ No ____

If yes, explain: _____

Any medicines to be taken daily? _____

**Medications child will be taking during an activity with OVBC should be sent with youth accompanied by written permission to administer.
(Include Dosage and Times of Day)**

Is the child allergic to any Drugs, Plants, Bee Stings, Milk, Foods, Etc? _____

Does the child have any disabilities? If so, explain _____

INSURANCE INFO

Insurance Company: _____ Phone #: () _____

Contact or Group # _____ Policy # _____

Subscriber Name: _____ Subscriber Date of Birth: _____

Doctor's Name: _____ Phone #: _____

Complete on Back

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities dealing with the Children’s Ministry at Oak View Baptist Church is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Registration Form, I expressly warrant that the child named on the other side is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release Oak View Baptist Church and its ministers, leaders, employees, volunteers, and agents from any claim, liability, action, expense, obligation and or damages that my child may have as a result of injury or illness incurred during the course of participation in programs and recreational and other activities dealing with the Children’s Ministry at Oak View Baptist Church. This release of liability is also intended to cover all claims that members of the child’s or my family or estate, heirs, representatives, or assigns may have against Oak View Baptist Church or it’s ministers, leaders, employees, volunteers, and agents.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical as a result of an accident, illness, or other health conditions or injury. I do hereby give permission for the agents of Oak View Baptist Church to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent’s opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physicians or other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the treatment.

Special Events and Fields Trips

I understand that the child named above could be participating in Oak View Baptist Church children activities from September 1, 2011 to August 31, 2012. I understand that my child may take part in all scheduled and unscheduled church events consistent with the purposes of the church.

I represent that I am the parent/guardian of _____, who is less than 18 years of age. I have read the above Registration Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities dealing with the Children’s Ministry at Oak View Baptist Church, including AWANA, VBS, and off site field trips. In consideration for allowing the participation of the child in the activities of Oak View Baptist Church, I hereby consent to the September 2011 – August 2012 Child Medical/Permission and Release Form, including the Release of Liability above, on the behalf of the child, and agree that this September 2011 – August 2012 Child Medical/Permission and Release Form shall be binding upon me, my family, heirs, legal representatives, successors, and assings.

Signature of a Parent or Legal Guardian: _____ Date: _____

Print Name of Parent or Legal Guardian: _____ Date: _____

<p>Personally appeared before me, _____ a Notary Public of _____ county in the State of _____, the persons whose signatures appear above and with whom I am personally acquainted and acknowledge that he/she executed the within instrument for the purpose therein contained. Witness my hand and official seal this ____ day of _____, 2011/2012 (circle one).</p> <p>_____</p> <p>Notary Public My Commission Expires: _____</p>
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