

SOUTH DESIRE STUDENT MINISTRIES

Oak Grove Baptist Church – Medical Information and Release Form

Effective for one year from today's date: _____

Please read all sections carefully and print clearly in ink. Only one child per form.

STUDENT INFORMATION

Name: _____ Home Phone: _____

Address: _____

Birth date: ____ / ____ / ____ Male Female

Email Address: _____ Cell Phone: _____

PARENT / LEGAL GUARDIAN INFORMATION

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Marital Status: Married Single Divorced Separated Widowed

If divorced / separated, what is the custody status? _____

Address and phone of parent(s) if different than that listed above: _____

Email Addresses: _____

Emergency Contact Numbers: (cells, work, relatives, etc.)

HEALTH INFORMATION

Doctor's Name: _____

Address: _____ Phone: ____ - ____ - _____

Insurance Company: _____

Policy Number: _____

Allergies: _____

What specific action should we take in the case of an allergic emergency?

Prescription Medications / Directions:

May an adult leader administer over-the-counter medicines to your child as needed on day / overnight youth events? (please specify what meds and for what reasons)

Does your child currently have or have a history of:

- Asthma Seizures Heart trouble Diabetes Other (please explain below)

Does your child wear:

- Glasses
- Contacts
- Hearing Aids
- Braces
- Retainers
- Other (please explain below)

Please explain any other physical needs / restrictions your child has:

Please explain any serious illness or injury your child has experienced within the last year:

Please explain any physical handicap, psychological condition, etc., of which your child's adult leaders should be aware:

Please attach a separate piece of paper with any additional comments you have (include signature & date).

STUDENT AGREEMENT

OGBC Soul Desire Student Ministries expects each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive on events
- 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

Students who fail to comply with these expectations may be sent home at their parents' expense. I, the student, have read the rules of conduct and the above evaluation of my health. I agree to abide by the stated personal limitations and code of conduct on any activities / events with OGBC Soul Desire Student Ministries.

Student signature: _____ Date: _____

PARENT / GUARDIAN CONSENT

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Oak Grove Baptist Church ("the Church") and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student 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 student 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 student ministries' staff members.

I/We also understand that my/our signature below grants permission for the Church to photograph the student participant during activities and to use the photographs in audio-visual and printed materials without compensation or approval rights. These photographs may be used in any medium under the control of the Church, with the understanding that the Church will not attach names to the students in the photographs/videos. I/We understand that the photographs taken by the Church will be included into stock files. I/We agree that the photographs/videos, the transparencies thereof and the rights to copyright the same, shall be the sole property of the Church, with full right of lawful disposition in any manner.

Parent/guardian signature: _____ Date: _____

Your child must have a signed permission slip specific to each event in order to attend.