

Release Form/Medical Consent Authorization – Oakley Christian Church - 2016

I understand that any activity may involve some risk of injury. As a participant in any Oakley Christian Church or The Cave activity, I hereby assume all risks for my child, and will hold Oakley Christian Church or The Cave harmless from any or all liabilities that may occur from involvement in activities at Oakley Christian Church or The Cave.

Date _____ Signature _____

Medical Consent Authorization

Son/Daughter's Name _____ Age _____ Birthday _____ M ___ F ___

Address _____ City _____ Zip _____

Parent Phone Number _____

Parent email address _____

Name of Parent or Guardian _____

In Case of an Emergency Contact:

Name	Phone	Relationship
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_____	_____	_____
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Medical Provider Information

Insurance Provider _____ Policy Number _____

Physician _____ Physicians Phone _____

Physicians Address _____

Known Medical Problems and Medications: *(This is needed to provide information to emergency personnel in case of an emergency)*

Existing Medical Problem	Medication Taken	Dosage Taken	Dosage Frequency
_____	_____	_____	_____

In the event of an injury, accident, illness or other emergency and if the above stated physician cannot be reached, I hereby authorize my child to be treated by certified emergency personnel such as emergency medical technicians, emergency room physicians and other emergency room personnel such as nurses and laboratory technicians. I agree to accept financial responsibility for these costs relations to this medical treatment.

I understand that this medical consent authorization form is for _____
(Trip taken/date)

Name of Authorized Parent or Guardian	Phone	Date Signed
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