

**Release Form/Medical Consent Authorization – Oakley Christian Church**

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.

**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

\_\_\_\_\_  
Name Phone Relationship

**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

