



**CHILDREN'S MINISTRY
MEDICAL INFORMATION & LIABILITY RELEASE**

Please print and complete all areas.

Name _____ Birth Date _____
 First Initial Last

Address _____
 Street City State Zip

Home Phone _____ Cell Phone _____

EMERGENCY TELEPHONE NUMBERS:

Phone numbers where our youth ministry leader can reach a parent or an emergency contact for the student named above during scheduled events.

Parent/Legal Guardian: Cell _____ Work _____

Emergency Contact: Name _____ Phone _____

MEDICAL INSURANCE CARRIER:

Parent/Guardian's Insurance Group Name _____

Insurance Group Number _____

MEDICAL INFORMATION:

- Family physician's Name _____ Phone _____
- Date of last tetanus shot: _____
- Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:
 Food _____ Drug _____
 Animal _____ Other _____
- Limitations of which we should be aware: _____
- My child requires the following medicine: _____
 -Frequency _____
- My child has permission to be given Tylenol or Ibuprofen if they request it.
 Yes No

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless **Oaklawn church of God** and its officers, employees, and volunteer staff from any liability.

 Signature of Parent or Legal Guardian Date _____

THIS FORM MUST BE NOTARIZED TO BE COMPLETED.