



Medical & Photo Release



NAME _____

DATE OF BIRTH _____ AGE _____ MALE _____ FEMALE _____

1. Are you aware of any physical/emotional condition that could present a problem?
If so, please explain:

2. List any recent illness:

3. Are you presently using any prescribed medication? _____ If so, please list :

4. List allergies, if any:

5. Year of last Tetanus Shot _____ (Emergency care gives if none has been received in the past 10 yrs.)

6. Participant's Insurance:
Company _____ Policy # _____
Name of policy holder _____
Prescription coverage by: _____ Policy # _____

The following must be signed by a parent or guardian if the attendee is under 18 years of age.

Medical Release: I hereby authorize and give my consent to Oakwood Community Church to arrange for performance on or administration to the above named student for any necessary emergency, medical, or surgical treatment. I understand that Oakwood Community Church representatives and/or youth workers will attempt to contact us by phone before relying on this authorization.

I request and authorize medical personnel to provide all reasonably necessary medical care, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, surgery, and prescription drugs advisable for the health of my child. I acknowledge that no representations, warranties, guarantees as to results or cures will be made.

Photo Release: I hereby grant to Oakwood Community Church and to its employees, agents and assigns the right to photograph me or my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Legal Guardian (signature) _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Work or cell) _____

Date _____ Relation to student _____

Signature of Adult Witness _____

Who to contact in an emergency if different than above:

Name _____ Phone _____