

## Student Information and Medical Release Form

Oakland Baptist Church - Oakland, KY

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Grade (If summer, grade just completed) \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent Place of Employment & Work Phone \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_

Student Insurance Company Name \_\_\_\_\_

Insurance Company Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Emergency Contacts other than Parent:

Name of Contact 1: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Contact 2: \_\_\_\_\_ Phone \_\_\_\_\_

Student Allergic to any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list \_\_\_\_\_

List name(s) and dosage(s) of medication currently being taken:

\_\_\_\_\_

Special Diet or other allergic reactions:

\_\_\_\_\_

Special Comments: \_\_\_\_\_

### Release Form

I give permission to let my son/daughter \_\_\_\_\_ attend the following event/activity: \_\_\_\_\_ with Oakland Baptist Church. In the event of an accident, I hereby authorize the representatives of Oakland Baptist Church to secure and provide emergency medical care for my child. Permission is also granted for First Aid to be administered. Permission is also granted for my child to be transported to and from this event by an adult sponsor of Oakland Baptist Church. I/We the undersigned do hereby release and forever discharge all sponsors and Oakland Baptist Church, P.O. Box 154, Oakland, KY, from any and all claims, demands, actions or cause of action; past, present, or future arising out of all damages or injury while participating in this event.

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_