Permission to Participate in Activities with Oakdale Park Church Youth Group 2015-2016

Youth Information

Name _____ Age_____ Date of Birth_____

Address_____ City/State_____ Zip _____

Student Home Phone # _____ Student Cell #_____

Current Grade: 9 10 11 12 School Name _____

Student email: _____ T-Shirt Size: S M L XL 2XL 3XL 4XL

Parent/Guardian Contact Information

Parent/Guardian Full Name(s)_____ Parent Email:_____

Home # _____ Cell #_____ Work #_____

If you can't be reached, call _____ Relationship_____

Home #_____ Cell#_____ Work #_____

Medical Information

Insurance Carrier _____ Policy Number_____

Ins. Carrier Phone #_____ Date of last Tetanus shot _____

Primary Doctor _____ Primary Doctor Phone # _____

Medical, emotional, or mental issues we should know of (ex: depression, anxiety, diabetes, sleepwalking, etc)?

_____

_____

Allergies to food/environment or special needs we should know of to care for your child?

_____

_____

Current medications _____

My child can be given basic analgesics (Tylenol, Advil) Yes No

_____

Release from Liability

I give permission for my child _____ to participate in Youth Ministries at Oakdale Park Church. I understand and consent to any field trips that he/she will take in Oakdale, Madison, GRIL, Tall Turf Ministries, or personal vehicles and agree to ensure their pentacle arrival and pick-up. I permit Oakdale Park Church and it's partners to use video or photographs of my child for church related purposes. I hereby release Oakdale Park Church, it's partners, staff & volunteers from any liability or injury that my child may sustain during activities or field trips. In case of illness or injury, and in the event that I am unable to respond, I authorize Oakdale volunteers and staff to allow emergency medical treatment or surgery by a licensed physician or hospital.

Parent/Guardian Signature _____

Date _____