The First Church in Oberlin, United Church of Christ

Permission and Medical Release Forms for a Minor Child

Permission Form

I hereby grant permission as a parent or guardian of my minor child, __________________ __________________, to participate in the Church’s programs and activities during the ______/______ school year. I understand that some programs and activities may involve physical activity and travel by automobile. I have completed the Medical Release Form below and will not hold the Church, its paid personnel, or its volunteers liable for any damages, losses, or injuries that may occur during these events.

Parent or guardian, please sign your name

Date

Parent or guardian, please print your name

Relationship to the minor

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Parent’s or Guardian’s Consent and Authorization to Treat a Minor

I hereby grant permission as a parent or guardian for any Church Minister to seek any necessary emergency medical treatment for my minor child and declare that the information provided on this form is complete and accurate.

Parent or guardian, please sign your name ____________________________ Date ________________

Parent or guardian, please print your name ____________________________ Relationship to the minor ________________

Minor’s name ____________________________ Date of birth ____________________________ Gender ________________

Minor’s address: Street ____________________________ City, state ____________________________ Zip code ________________

Minor’s telephone numbers: Home ____________________________ Work ____________________________ Cell ________________

Telephone numbers of parent or guardian: Home ____________________________ Work ____________________________ Cell ________________

If neither a parent nor a guardian can be reached, contact:

Name ____________________________ Relationship to the minor ____________________________ Telephone number ____________________________

Name ____________________________ Relationship to the minor ____________________________ Telephone number ____________________________

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Minor’s Family Information

Insurance company

Policy number

Physician’s name

Telephone number

Physician’s address: Street

City, state

Zip code

Minor’s Medical Information

Current medications

Known medical conditions to be aware of

Allergic to

Date of most recent tetanus shot