



OXFORD BAPTIST CHURCH

"Shaping Our Future to Serve Our Father."

Medical / Liability Release for Church Activities

I. Personal Information

Name: _____ Preferred Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

II. Medications

Please list any medication (s) your child is allergic to and any medications that he or she is presently using on a regular basis. Indicate, in full detail, the frequency of medication dosages.

III. Immunizations

Immunizations Received:

Date Received

Tetanus	
_____	_____
_____	_____

IV. Medical Conditions

Please circle or list any medical conditions you have been treated for or are being treated for:

Heart Condition Lung Condition (i.e. asthma) Kidney/Bladder disorder Liver Condition

Diabetic Epilepsy _____

V. Medical Insurance Information

Insurance Company name: _____

Insurance Company Address: _____

Insurance Company Telephone number: _____

Policy or Group #: _____

VI. Emergency Contact Information

Please list any and all individuals you would like for us to contact in case of an emergency.

Contact Name	Relation to You	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII. Permission to Receive Medical Attention

I, _____, give permission for my child to receive medication and emergency treatment in the event of illness or accident. I give the person (s) designated by Oxford Baptist Church to be counselor/chaperone for this event permission to make a decision concerning emergency treatment.

VIII. Discipline

I, _____, would like to inform the leaders that I fully trust their judgments and decisions toward the well being of my child. I trust my son/daughter to adhere and abide by any and all rules set forth and decisions made by the counselors. If my child does not, I expect them to be disciplined without the use of physical force as deemed necessary by the person (s) designated by Oxford Baptist Church to be counselor/chaperone for this event.

IX. Liability Release

I, _____, hereby release Oxford Baptist Church, their Staff, chaperones and counselors of any and all liability in the event that my child is injured or becomes ill while away at an event.

Parent's Name (please print)

Parent's Signature

Date

Name of Notary (please print)

Signature of Notary

Date

Notary Seal

I, _____, give permission for _____, to take part in the activities sponsored by Oxford Baptist Church. These activities may include, but are not limited to, camp, swimming, sports events, AWANA events, parks etc. I am fully aware that there will be ample supervision for these events. I have completed and witnessed the notarization of the above Medical / Liability Release Form for my child. By signing this permission form, I am confirming that the information of this form is current and up to date. I understand that in the unlikely event of an accident or emergency that my child will receive adequate care based upon the information previously given.

Parent/Legal Guardian Signature: _____