

MEDICAL RELEASE

(for Group Trips Sponsored by Oak Park Ministries)

Name of Youth: _____

Address: _____ City: _____ ST: _____ Zip: _____

Date of Birth: _____ Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____ Cell Phone: _____

Name of Insurance Company: _____ Policy #: _____

Physician Name: _____ Phone: _____

Pleas list any medical allergies, medication being taken, medical problems, or other pertinent information:

I understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to Oak Park Ministries or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Date: _____

Printed Name: _____
(Parent or Legal Guardian)

Signed: _____

WAIVER OF LIABILITY STATEMENT

I, the parent or legal guardian of the child listed below; release Oak Park Ministries, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in the activity listed below.

Name of Youth: _____ Date: _____

Activity: _____ Date of Activity: _____

Printed Name: _____
(Parent or Legal Guardian)

Signed: _____

NOTARY PUBLIC: _____

My commission expires: _____