

OAKWOOD BAPTIST CHURCH STUDENT MEDICAL FORM

NAME: _____
(LAST) (FIRST) (MIDDLE)

PARENT'S NAME: _____
(FOR THOSE UNDER 18)

ADDRESS: _____ ZIP: _____

PHONE: _____ ALT. EMERGENCY CONTACT #: _____

List below any physical defects or conditions you have, such as allergies, nervousness, headaches, dysmenorrheal, etc. _____

Should you at any time during the trip require medical attention, list any special instructions which you might require, such as being allergic to penicillin, having a rare blood type, etc. _____

FOOD ALLERGIES / RESTRICTIONS: _____

CURRENT IMMUNIZATION STATUS: Tetanus _____ Polio _____

MEDICAL INSURANCE: Company Name & Policy Number

Permission for Medical Treatment

To Be Filled Out By Parents or Guardians of Young People Under 18 Years

I, _____, the parent and/or guardian of _____

_____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to go on **any trips sponsored by Oakwood Student Ministry while they are an active participant in this ministry.**

I further expressly grant my permission for my child to participate in all activities while on the trip. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to Oakwood Baptist Church, its representatives, or the sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances.

I, the undersigned parent and/or guardian of _____, a minor, do release, acquit, discharge, and covenant to harmless Oakwood Baptist Church or its representatives, or the sponsors, or any attending physician, from any and all actions, causes of actions, damages or liabilities arising out of the treatment of any sickness or accident, and from any financial responsibility for all medical treatment provided during the attendance of any/all trips.

SIGNATURE

Photograph/Video Notice

I understand that as a participant in the Oakwood Student Ministry, my child may be photographed or videotaped during normal activities and these photos/videos may be used in promotional materials for OSM (i.e. Website, posters, flyers).

SIGNATURE

DATE _____



Waiver of Liability and Release

Please read the following carefully. If you have any questions, have them answered before signing this document.

In consideration of being allowed to participate as a volunteer during the _____(event), I hereby release, waive and hold harmless Arms of Hope which encompasses Boles Children's Home, Medina Children's Home, their Boards of Directors, officers, agents, and employees from and against any and all claims, demands or causes of action of any type whatsoever, including property damage, personal injury or death, arising out of or in any way related to my participation in this event for which I have volunteered.

During this event, there may be opportunity to participate in activities on the Adventure Learning Activity (R.O.P.E.S.) course, courts, gym, and at the swimming facility. This Waiver of Liability and Release also applies to these activities.

I am aware that there are risks and dangers associated with my participation in community service projects, including the risk of property damage, personal injury or death. I acknowledge that my participation in this event at an Arms of Hope campus is voluntary and that I assume full responsibility for any injuries or damages I may sustain as a result of my participation, including while traveling to or from a service project. I agree to use all appropriate precautions and follow safety practices while on an Arms of Hope campus.

I understand that I am solely responsible for any medical costs I may incur as a result of my participation in this event at Arms of Hope.

By signing this Waiver of Liability and Release, I acknowledge that I have read this document, I fully understand it, and agree to its terms and conditions. The undersigned participant in this service activity also agrees to the terms and expectations of this agreement including Arms of Hope use of photographs and/or video that contains their image for publication purposes including; marketing, fundraising and/or informational presentations:

Print Name: _____ Date: _____

Signature: _____ Phone #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email Address _____

Family members who are also "Friends of Arms of Hope" and your relationship: Example: Jon Doe - brother

For persons under 18 years of age – please complete. This person will be contacted in case of an emergency.

Print Name: _____ Date: _____

Name of Guardian/Parent: _____

Signature of Guardian/Parent: _____ Phone #: _____

Complete Address: _____

Email Address _____

Witness:

Signature: _____ Date: _____

Print name: _____ Phone #: _____