

**Medical Release Form
Oak Hills Youth Ministry 2016-17**

Students Name: _____ **Date of Birth:** _____

Grade and School: _____

Parents/Guardians names: _____

Address: _____ **City/Zip** _____

Home Phone: _____ **Work Phone:** _____ *

Cell Phone _____ *

*Only if we need to contact you in an emergency

E-mail(s) _____

Health Insurance Co: _____ **Account#:** _____

Group #: _____

Any Allergies or Medications taken? _____

Other important health information to be aware of? _____

PLEASE INITIAL ONE OF THE FOLLOWING STATEMENTS:

_____ **Oak Hills Church Youth Staff has permission to photograph and/or videotape my child**

for publicity means and other materials used to promote the youth ministry program at Oak Hills Church only.

_____ **Oak Hills Church Youth Staff does not have my permission to photograph and/or videotape my child**

for any reason, whatsoever.

I, _____ **parent/legal guardian of** _____

do hereby give my permission for the Youth Staff of Oak Hills Church to authorize emergency medical treatment for my child

in the event of unexpected illness or injury to my child. I understand that every reasonable attempt will be

made to contact me in the event of such an emergency. I give Oak Hills Church permission to drive my student to event(s)

approved by the Youth Team. I understand that all drivers have been approved by Oak Hills Church

to drive students for youth ministry events and that they have car insurance.

Parent Signature _____ **Date** _____

THIS MEDICAL REALEASE IS EFFECTIVE FROM

September 1st, 2016 through August 31st, 2017