## Dated Activity/Event Permission Form (Short Form) Oak Valley Baptist Church Childhood Ministry

Activity/Event  Please print in Blue or Black ink – form must be filled out completely		
Child's name:	Age	Birthday
Address:		
Parent(s)/Guardian	PreferredPhone:(_	))
Email Address:		
If unable to reach Parent/Guardian: Emergency contact:	Phone(	)
I/We the undersigned have legal custody of to participate in events being organized by C Ministry, General Permission and Medica ministry activity, and not limited to sickness, emotional injury, personal injury, property dainvolvement.	OVBC and have completed the <b>Oak Valle</b> It Release Form. I/We understand that the exposure to infectious/communicable dis	y Baptist Church Childhood ere are inherent risks involved in ease, bodily injury, death,
In the event he/she is injured and requires the medical treatment as deemed necessary by and/or hospital personnel designated by the demands, or suits for damages arising from ultimately responsible for the cost of any me health insurance providers. Further, I/we affithis date and will, to the best of my/our known my/our child home at my/our own expense staff member(s).	a licensed physician. In the event treatmet Church, I/we agree to hold such person of the giving of such consent. I/We also ack edical care should the cost of that medical irm that the health insurance information puledge, still be in force for the child named	ent is required from a physician ree and harmless of any claims, nowledge that we will be care not be reimbursed by provided above is accurate at above. I/we also agree to bring
Parent/guardian signature:		
	Date:	
This release is valid for the activity/event	t named above and the OVBC General l	Permission and Medical

Release Form must be on file in addition to this form. If you do not have a General Permission and Medical Release Form on file with the Children's Ministry Department, please contact the leader of the activity/event

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you are completing this form for.