General Permission and Medical Release Form Oak Valley Baptist Church Childhood Ministry

Please print in Blue or Black ink - pages 1 & 2 of form must be filled out completely

Name:			Age	Birthday	
	LAST	FIRST	MIDDLE	·	
Grade in so	chool				
Address			City	_ State Zip	0
Email Addr	ess:				
Parent(s)/G	Guardian		Preferred Phone: ())	
	reach Parent/Gua		Phone: ()	
	ny allergies (food se explain: <i>(use b</i> .		Medical Conditions we should be av	ware of? □Yes	s □No
		scribed medications dosage/frequency:	on a regular basis? □Yes □N	No	
Note: If you prior to that		ur child's participatio	on in any event, please submit you	r wishes in writing	to the church
Insurance	Company Name:	(if possible, attach o	copy of insurance card)		
Policy Num	ber:		Expiration Date:ne Number of Company: ()		
		Phor	ne Number of Company: ()_		
Claim Addr					
Policy hold	er relationship to o	:hild:			
Through the	s agreement, I giv	'e	(<mark>child)</mark> my permission	n to participate wit	th the OVBC
retreats, loo office of the understand particular e Childhood l	cal recreational ac Minister to Presc that a separate s vent to show that	tivities and mission hool & Children, wh hort form, which inco I have further conse C. I further agree tha	outings. These events and outings projects. I realize that this is a geneich OVBC Childhood Ministries ma proporates this Permission Form the inted thereto for my child to participat I will notify the Minister to Presch	eral form to be pla by use when necesterein, will be used bate and/or travel	ced on file in the ssary. I also for each with the
purposes ir promotiona Ministry of	n any type of printe I materials that the	ed or electronic med e church may produc	photographs of (the above names) iia, including, brochures, website, so to use for ministry, outreach or proceed in the second of the second o	ocial media, and	other
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bring on an property los covered un acknowled property. F	y outing/event. I fust, misplaced, or sider my homeowner and agree that inally, I understanced representative	urther understand the tolen, either directly er's policy and that a OVBC does not have that no person has	tand that it is my responsibility to s at OVBC will not be responsible ur or indirectly. I further understand the arrangements for such insurance and we insurance coverage related to such any authority to modify the terms initials:	nder any circumsta hat such loss may re my responsibilit uch loss for my ow	ances for any or may not be by. I also on personal

I/We the undersigned have legal custody of the child named above, a minor, and have given our consent for him/her to participate in events being organized by OVBC. I/We understand that there are inherent risks involved in ministry activity, and I/we hereby release the Church, its ministers, employees, agents, and volunteer workers from any and all liability not limited to sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a physician, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by health insurance providers. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the child named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Children's Ministry staff member(s).

Parent/guardian signature:	Date:						
This release is valid until the end of December 2021.							
Notary: Sworn to and subscribed before me this day of, 20							
Notary Public My Commission Expires:							