

**Medical Release Form  
Oak Hills Ministry 2009-10**

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? \_\_\_\_\_

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**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.

Parents Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS MEDICAL REALEASE IS EFFECTIVE FROM  
September 1<sup>st</sup>, 2009, August 31<sup>st</sup>, 2010**

