

The First Church in Oberlin, United Church of Christ
Permission and Medical Release Forms for a Minor Child

Permission Form

I hereby grant permission as a parent or guardian of my minor child, _____
_____, to participate in the Church's programs and activities during the
_____/____ school year. I understand that some programs and activities may involve
physical activity and travel by automobile. I have completed the Medical Release Form below
and will not hold the Church, its paid personnel, or its volunteers liable for any damages, losses,
or injuries that may occur during these events.

Parent or guardian, please sign your name Date

Parent or guardian, please print your name Relationship to the minor

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### Parent's or Guardian's Consent and Authorization to Treat a Minor

I hereby grant permission as a parent or guardian for any Church Minister to seek any necessary emergency medical treatment for my minor child and declare that the information provided on this form is complete and accurate.

\_\_\_\_\_  
Parent or guardian, please sign your name Date

\_\_\_\_\_  
Parent or guardian, please print your name Relationship to the minor

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Minor's name Date of birth Gender

Minor's address: Street City, state Zip code

Minor's telephone numbers: Home Work Cell

Telephone numbers of parent or guardian: Home Work Cell

If neither a parent nor a guardian can be reached, contact:

Name Relationship to the minor Telephone number

Name Relationship to the minor Telephone number

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### Minor's Family Information

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

Physician's name \_\_\_\_\_ Telephone number \_\_\_\_\_

Physician's address: Street \_\_\_\_\_ City, state \_\_\_\_\_ Zip code \_\_\_\_\_



### Minor's Medical Information

Current medications \_\_\_\_\_

Known medical conditions to be aware of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergic to \_\_\_\_\_

\_\_\_\_\_

Date of most recent tetanus shot \_\_\_\_\_