

**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.

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|-------------------------------------------|------|
| Parent or guardian, please sign your name | Date |
|-------------------------------------------|------|

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

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Minor's name	Date of birth	Gender
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Minor's address: Street	City, state	Zip code
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Minor's telephone numbers: Home	Work	Cell
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Telephone numbers of parent or guardian: Home	Work	Cell
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**If neither a parent nor a guardian can be reached, contact:**

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Name	Relationship to the minor	Telephone number
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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 \_\_\_\_\_

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### Minor's Medical Information

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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