

**OAKCREST CHURCH OF CHRIST
EMERGENCY/MEDICAL INFORMATION**

Parent or Guardian Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone _____

If not available, in an emergency, notify:

1. Name _____ Phone () _____

Street Address _____ City _____ State _____ Zip _____

2. Name _____ Phone () _____

Street Address _____ City _____ State _____ Zip _____

Does this child have any of the following allergies:

Penicillin _____ Other Allergies: _____

Other Drugs _____

Insect Stings _____

Ivy Poisoning, etc. _____

Hay Fever _____

Indicate the date of this child's last tetanus shot _____

If there is medical or hospitalization insurance which provides benefits for this child please indicate:

Name of Insurance Co. _____

Policy No. of Insurance Policy _____

Name of Policy Holder _____

Phone Number of Insurance Co. () _____

Family Physician: _____ Phone: _____

PHOTO RELEASE FORM

Parents:

Your signature below indicates your permission to publish photos of your student on printed material or on the church or youth website. _____

Date _____

Complete Both Sides of this Form

**OAKCREST CHURCH OF CHRIST
PARENTAL AUTHORIZATION AND CONSENT
FOR EMERGENCY MEDICAL TREATMENT**

(Student's name)

I the undersigned, attest and warrant that I have the legal authority (___parent, ___ legal guardian), to authorize emergency medical treatment for _____, a minor, and do hereby authorize Oakcrest Church of Christ to secure such treatment for this child in the event of an emergency. In the event of an emergency, I hereby authorize the administration, staff and duly authorized volunteer of Oakcrest Church of Christ ("Church") to take whatever steps deemed necessary to obtain emergency medical care for my child. This includes:

1. Consent to transport by medical emergency medical vehicle to the nearest Emergency Medical Facility.
2. Consent to any emergency medical treatment deemed necessary by Church in the event of emergency situations.
3. Consent for surgery and anesthesia in event of life threatening situations as the attending physician may deem necessary and as related to Church.
4. Consent for physicians, nurses, technicians and other qualified medical or hospital personnel to administer medical and surgical treatment in emergency situations.
5. Release of Oakcrest Church of Christ, its successors, assigns, representatives, council members, Board of Directors, deacons, employees and agents from any financial liability incurred during emergency treatment.

HOLD HARMLESS INDEMNITY AGREEMENT

I, the undersigned, in consideration for Oakcrest Church of Christ permit our child to participate in activities occurring on and off the Church premises and including field trips, sports, recreational and all other activities of any and every kind of nature whatsoever, do hereby agree to hold Oakcrest Church of Christ harmless and agree to indemnify fully Oakcrest Church of Christ for any and all judgments and damages rendered against it and including costs, attorney's fees, regardless of whether or not there is litigation and including mediation and arbitration proceedings which result from or that are in any way connected with monetary, physical, mental, emotional or other type claim of injury to my child that is claimed or asserted. These authorizations and agreements are expressly granted from the date above until expressly revoked in writing by me.

Print Name

Parent/Guardian Signature

To certify as a witness:

1. _____
2. _____

Complete Both Sides of this Form