



Parent Consent & Medical Waiver

Student's First Name: _____ M.I.: _____ Last Name: _____

Home Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (_____) _____ Social Security # _____

Parent Email Address: _____

Age: _____ Gender: Male Female Hair Color: _____ Eye Color: _____ Height: _____

Is your child allergic to any medications/foods? Y N (if yes, please list): _____

Is there any medical information you feel we should know concerning your child? _____

Emergency Contact Information:

Parent/Guardian Name: _____

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

Parent/Guardian Name: _____

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

If Parent/Guardian cannot be contacted, please notify

Name: _____ Relationship to Child: _____

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

Medical Information

Doctor's Name: _____ Phone: (_____) _____

Health Insurance Provider: _____ Policy #: _____

Health Insurance Phone: (_____) _____

I, the undersigned, hereby give permission for my child to attend and participate in activities, events, and field-trips sponsored by Owasso First Assembly from now until December 31, 2018. I understand that student activities, such as events, field trips and other activities, carry with them a certain degree of risk. I do release Owasso First Assembly staff members and volunteers from liability for accidents or injuries incurred during these church sponsored activities, events, and field trips. In addition, I do give my permission for the staff members and volunteers of Owasso First Assembly to seek, administer, and authorize medical attention and care should this be deemed necessary. I explicitly give my permission for the staff members and volunteers of Owasso First Assembly to accompany my child in my place to and at any medical care or treatment facility where my child will be treated. Said permission is granted to the extent that I, as a parent, may accompany my child for treatment.

Unless otherwise indicated through the check-box below, I additionally give permission for the use of photography and video of my child from church related activities, events, and field trips to be used within the church, on the church website, social media accounts, and print in order to promote the church and its events.

By checking this box, I do **NOT** give permission for the use of photography and video of my child as described above.

In signing below, I testify that I have read, understood, and agree with the above statements and declare a copy of this form is also legally binding.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____