

**Oasis Church
Children's Church/Nursery
Personal Information Form**

Child's Information

Child's Name:		
Birth Date:	Age:	Grade:
Home Phone:		
Address:		
City:	State:	Zip Code:

Health Information

Allergies:	
Medical Issues:	
Insurance Provider:	Policy/Group Number
Subscriber's Name:	

Parent/Guardian Contact Information

Parent/Guardian Name:	Parent/Guardian Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

Emergency Contact if parent/guardian is unable to be reached

Name:
Relationship to child:
Phone:

Parent/Guardian's Authorization

I grant permission to participate in all activities sponsored by Oasis Church. I understand that all activities will have adult supervision and I will receive advance notice of any activities in which my child will go off church property.
I hereby give permission to adult personnel designated by Oasis Church to obtain emergency medical services including transportation to the hospital emergency room for my child if immediate medical care is necessary.

To my knowledge, the information on this form is correct and my child has permission to engage in all activities except as noted.

Signature of Parent/Guardian

Date: ____/____/____

Parent/Guardian e-mail