

PERMISSION FOR EMERGENCY CARE (CHILD/YOUTH)

THIS FORM IS VALID FOR THE CALENDAR YEARS OF 20_____ TO 20____.

CHILD'S NAME		☐ MALE ☐ FEMALE	
(LAST)	(FIRST)	(MIDDLE)	
DATE OF BIRTH (MM/DD/YYYY)	SCHOOL GRADE	AGE	
NAME OF PARENT(S) OR GUARDIAN			
ADDRESS			
CITY/STATE/ZIP	HOME PHONE		
BUSINESS PHONE (MOTHER)	(FATHER)		
CELL PHONE (MOTHER)	(FATHER)		
EMAIL ADDRESS (MOTHER)	(FATHER)		
EMERGENCY CONTACT (AFTER PARENTS)	PHONE		
FAMILY/CHILD'S PHYSICIAN	PHONE		
DENTIST	PHONE		
ALLERGIC TO FOOD(S)	OTHER		
LAST TETANUS SHOT (DATE)	TAKING ANY MEDICATIO	DN? (LIST)	
OTHER MEDICAL INFORMATION			
INSURANCE COVERAGE (PLEASE PROVIDE A COPY OF THE INSURANCE CARD, FRO	NT AND BACK)		
COMPANY			
POLICY #	GROUP #		
We the undersigned have legal custody of the student named above, a minor, and he Church (OHBC). I/We understand that there are inherent risks involved in any ministry volunteer workers from any and all liability for any injury, loss, or damage to person or that transportation will be provided by Chaperone(s) or by the Church vehicle(s). I cois injured and requires the attention of a doctor, the adult advisor(s) have my/our p deemed appropriate by the rescue squad or the adult advisor(s). The hospital and its mecessary for the well-being for my/our child. Further, I/we affirm that the health insurak nowledge, still be in force for the student named above. I/we also understand that, a activities, and these photos/videos may be used in materials for Ox Hill Baptist Church	y or athletic event, and I/we hereby release or property that may occur during the course of posent for my child/youth to be transported ermission to take my/our child, at my/our ex nedical staff have my/our authorization to pro ance information provided above is accurate s a participant, I or my child may be photogra	OHBC, its pastors, employees, agents and my/our child's involvement. I understand I in this manner. In the event that he/she xpense, to the hospital emergency room ovide treatment which a physician deems at this date and will, to the best of my/our	
Commonwealth of Virginia	Signature		
County/City of			
This, 20,			
known or adequately identified to me, personally appeared before me and subscribed his/her signature hereto.	Date		
Notary Public (Signature)	My Commission Expire:	My Commission Expires (Date)	

THIS FORM IS NOT VALID UNLESS IT IS NOTARIZED