

Odessa Bible Church

Permission / Medical Release Form

Parent Information:

Parent: _____

Last

Mother

Father

Home Phone: _____

Cell Phone: _____

Church Home: _____

Cell Phone: _____

E-Mail Address: _____

@

Address:

Street

City

ST

Zip

Children:

First

Last

DOB

■ Please list allergies to medication, food, etc? _____

■ What medications are currently being taken? _____

■ Date of last Tetanus shot? _____

First

Last

DOB

■ Please list allergies to medication, food, etc? _____

■ What medications are currently being taken? _____

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First

Last

DOB

■ Please list allergies to medication, food, etc? _____

■ What medications are currently being taken? _____

■ Date of last Tetanus shot? _____

Notify in case of Emergency:

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Name of family physician: _____ Phone: _____

Insurance Information:

Health Insurance Company: _____

Group #: _____ Policy #: _____

I hereby give my consent for the individual listed above to participate in the scheduled Odessa Bible Church event. I understand that all responsible caution will be taken by those persons in charge to prevent injuries, but neither the leaders nor Odessa Bible Church will be held responsible in case of an accident.

In the event that the children listed above suffers an illness or injury requiring hospitalization, medical treatment, or medication, I hereby give my permission for any medical treatment which may be deemed necessary by medical personnel.

Guardian / Parents Signature

Date