

2015-2016 CONSENT AND RELEASE FROM LIABILITY

_____ has my permission to participate in all activities of the Oakdale CCRC and to be transported by Church bus or private car when necessary. I understand all events will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against the Oakdale CCRC, the sponsors, and the owner/or driver of the car or bus furnishing transportation to any event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge. This consent and release is in effect until I give the Oakdale CCRC written notice to the contrary.

Parent/Guardian signature: _____ Phone: _____
Street: _____ City: _____ Zip: _____
Email: _____

MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for _____ in the event of illness or injury during any sponsored activity of Oakdale CCRC. This permit is in effect until I give Oakdale CCRC written notice to the contrary.

Parent/Guardian signature: _____
Health Insurance Company: _____ Subscriber's Name: _____
Policy Number: _____ Insurance Company's Emergency Phone: _____

EMERGENCY INFORMATION

	Parents	Nearest Relative	Neighbor
Name			
Address			
Phone			

Please print (use the back of the form, if necessary)

Has he/she had any surgery or serious illness within the last 3 years? ___Yes ___No If yes, please explain:

Is he/she required to take any medications? ___Yes ___No If so, for what reason and how often?

Does he/she have any allergies or allergic reaction to any medication? ___Yes ___No If yes, explain.

Is he/she presently under a doctor's care? ___Yes ___No. If yes, explain.