



Oologah United Methodist Church
5834 East 410 Rd., Oologah, OK 74053
918-443-2457
www.oologahumc.org

Extended Permission & Medical Release Form

Last Name _____ First Name _____ DOB _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Parent/Guardian _____ Cell Phone _____

Parent/Guardian _____ Cell Phone _____

Emergency Contacts

1. _____ Phone # _____ Relationship _____

2. _____ Phone # _____ Relationship _____

3. _____ Phone # _____ Relationship _____

Insurance Co Name _____ Policy # _____

Primary Care Physician _____ Phone # _____

Medical History

Allergies

Medications

<u>Medication Name</u>	<u>Dosage</u>	<u>Frequency of Dosage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature Page

I give permission for my child to participate in any activities involving the Oologah United Methodist Youth Ministry program for the extent of the time period designated below.

In exchange for and in consideration of Oologah UMC permitting my child to participate in this trip, for myself, and my child, his/her representatives, executors, administrators, agents and assigns, I agree and do release and hold harmless Oologah United Methodist Church, its trustees, employees and volunteers, from any and all liability, actions, causes of action, negligence, debts, claims, or demands of any kind and nature whatsoever including, but not limited to, claims for negligence, recklessness or any other form of action for which a release may be legally given (including attorneys' fees and costs) which may arise by or in connection with my child's participation in any activities related to the trip.

I understand that while participating in this trip, my child must follow the instructions and directions provided by Oologah UMC personnel and that he/she must abide by the policies Oologah UMC and Oologah UMC Youth code of conduct. My child's failure to follow instructions or directions may result in his/her immediate expulsion from the trip.

I hereby give permission for any and all medical attention to be administered to my child in the event of accident, injury, sickness, et cetera, under the direction of the trip coordinators, until such time as I may be contacted.

I understand and agree that I will be responsible for any costs, fees or other expenses related to my child, including but not limited to any damage done to other's property, return costs to home due to expulsion from trip and/or medical costs.

I hereby certify that I am voluntarily signing this medical release form and intend to be legally bound by the terms of this document. I have read all of its provisions, and fully understand its significance.

I have received a detailed copy of the agenda for this trip and I have read over all the information listed above.

I authorize the chaperones to distribute over-the-counter medications, such as Advil, Tylenol, Tums, or topical antiseptics, to my child as the chaperones deem reasonable. (Parent/Guardian Initials)

Beginning Date _____ (Good for 1 year) **Expiration Date** _____

Parent/Guardian's Name (print) _____

Parent/Guardian's Signature _____ Date _____

Participant's Name (print) _____

Participant's Signature _____ Date _____