

OKC COMMUNITY CHURCH STUDENT LIFE RELEASE FORM

As a parent/ guardian of _____ (student name) I give permission for my youth to participate in the OKC Community Weekend operated or sponsored by OKC Community Church. This signed document acknowledges, appreciates and agrees that:

- I understand the risk of unforeseen hazards possible through this event and agree to not hold *OKC Community* and its employees and volunteers liable for damages, losses, injuries or illness (ex: communicable diseases such as influenza and Covid-19).
- I understand that in the case that my child suffers and injury or condition that requires medical attention by a physician or medical facility during this event every attempt will be made to contact those listed on this form. In the event that he/ she cannot be reached in an emergency, I hereby give permission to medical professionals selected by the OKC Community Church leadership to secure medical treatment as deemed necessary. I understand that my insurance coverage for the child will be used as primary medical coverage in the event medical intervention is required. I understand I am responsible for any medical costs that are incurred. All reasonable safety precautions will be taken while youth are participating in OKC Community events.
- In addition, I have complied and completed the medical screening required for my youth to participate in. The official Medical Screening checklist is on next page, please fill out and sign).

(Parent / Guardian Signature)

Dated: _____

(Parent / Guardian Print)

EMERGENCY CONTACT

Student Name: _____ DOB: _____

Emergency Contact #1: _____ Relationship: _____

Cell: _____ Other: _____

Emergency Contact #2: _____ Relationship: _____

Cell: _____ Other: _____

HEALTH INSURANCE INFORMATION

Insurance Company: _____ Phone: _____

Name of Policy Holder: _____

Policy Number: _____ Exp Date: _____

MEDICAL SCREENING FOR SUMMER CAMP

Risk Factors: Do you have any of the risk factors listed below?

- Moderate to Severe Asthma
- Diabetes
- Chronic lung disease
- Serious heart conditions
- Severe Allergy to food or otherwise
- Severe Obesity
- Other serious underlying medical conditions
- Currently taking immunosuppressive medications (chemotherapy, corticosteroids, etc.)
- Immunocompromised (immuno deficiency, bone marrow or organ transplant, cancer treatment, smoking, etc.)

Current medications your child takes:

Any other important medical information we should know?

(Parent / Guardian Signature)

Dated: _____

(Parent / Guardian Print)

NOTE: This report and any other medical information provided will be kept confidential.