



Oxford Bible Fellowship
One Year Permission Form-2023
Parental Consent & Medical Release
All Oxford Bible Fellowship Activities

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_

Does your child use prescription medication? If so, please list the exact medications you have provided and the instructions for proper use.

\_\_\_\_\_
\_\_\_\_\_

Does your child have any special needs, diet, allergies, or health conditions of which we should be aware? \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Information

\_\_\_\_\_
Father/Guardian's Name

\_\_\_\_\_
Mother/Guardian's Name

\_\_\_\_\_
Work Phone Cell Phone

\_\_\_\_\_
Work Phone Cell Phone

\_\_\_\_\_
Name of Emergency Contact
(other than immediate family)

\_\_\_\_\_
Relationship to child Cell Phone

\_\_\_\_\_
Name of Medical Insurance

\_\_\_\_\_
Policy/Subscriber Number

The undersigned does hereby give permission for our (my) child to attend and participate in the official sponsored activities of the Youth Ministries of Oxford Bible Fellowship, 800 S. Maple Ave. Oxford, OH 45056. Phone: (513) 523-5300

I acknowledge that participation in the activity described above involves risk to the Participant (and to the Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associate with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the Activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

\_\_\_\_\_
Father Signature

\_\_\_\_\_
Mother Signature

\_\_\_\_\_
Date

\_\_\_\_\_
Legal Guardian (Relationship to Child)