

oakbrook church youth ministry

2016/2017 parental consent form

This consent form is designed to save time for parents, students and workers in the church. This form is sufficient for EVERY trip your child will attend this year (between Sept 1st, 2016 and August 31st, 2017). We will keep this copy on file and use it when needed. Please take a few minutes to fill in both sides of this important form. Return it to the church office. Thank you for your understanding and cooperation.



Thank You.
The Oakbrook Church Youth Ministry Team

note: one form is needed for each student

emergency medical authorization

This medical emergency form must be signed by the parent or guardian, and accompany the youth who wishes to participate in any activity sponsored by Oakbrook Church in Sussex, WI. The purpose of this form is to make it possible for parents or guardians to authorize the provision of medical treatment for minors who become ill or injured while under church authority at any church sponsored activity.

I, _____ am the _____ of _____,
(parent's name) (relationship) (student's name)
a minor, who is attending any event in 2016/2017 sponsored by Oakbrook Church, located in Sussex, WI.
I give my consent in the event that all reasonable attempts to contact me at _____ or
(phone)
_____ at _____ have been unsuccessful, for the administration of any
(other parent/guardian) (phone)
treatment deemed necessary by the appropriate licensed physician, dentist, or emergency personnel.

Office use only in this box
Name:

The following information is needed by any hospital or practitioner not having access to the child's medical history
(Use reverse side if necessary)

Family Doctor / Pediatrician: _____

Child's Date of Birth: _____

Allergies: _____

Medication being taken currently: (Parent's responsibility to inform the church office of any changes) _____

Date of last tetanus shot: _____

Physical impairments (heart, epilepsy, etc): _____

Other pertinent facts to which physician should be alerted: _____

Health Insurance: Yes ____ No ____

Insurance Company: _____ Policy Number: _____

Date: _____

(signature of parent/guardian)

(please see other side...)

additional information

Student's Primary Mailing Address: _____

Home Phone: _____

Parent's Cell Phone: _____ Receive Ignite info. Texts? ___ No or ___ Yes - cell provider _____

Student's Cell Phone: _____ Receive Ignite Texts? ___ No or ___ Yes - cell provider _____

Current Grade of Student: _____

School: _____

Student's Email Address: _____

Student's Facebook User Name: _____

Parent's Email Address: _____

May your child be given Tylenol, Advil, Aspirin, Benadryl, Pepto Bismol, etc.? ___ Yes ___ No (please check one)

Additional note by you, the parent: _____

disciplinary agreement

I understand that while my child participates in any church sponsored activity, he or she is responsible to abide by the rules set forth by Oakbrook Church and it's leaders. Any serious infraction of these rules and/or lack of cooperation with leadership by the child can result in dismissal from the program or event. If my child, who's name is signed below, is dismissed from the program or event, I agree to assume the cost of returning him/her home, and any damages which may have been caused by my child.

(date)

(parent's signature)

(student's signature)