

MEDICAL RELEASE FORM
Student Ministry, WOW Church
114 A. ST. NE
P.O. Box 5296
Ardmore, OK 73403-0296

I hereby give my permission for _____ to take part in various

(Student's Name)

church-sponsored youth trips, outings and camps. I further give my permission for the church representatives or sponsors of the trips or activities to secure needed medical treatment in the event that I cannot be reached for such permission. I release the church representatives and/or sponsors from liability for accident or injuries on these trips or activities.

I further understand and agree that in the event that the above-named son/daughter is involved in activities that violate or compromise the rules, policies, or purposes of WOW Church, I will pay and accept full responsibility for release of my child to my custody and care.

Home Address _____

City/State/Zip _____ Youth's Date of Birth _____

In case of emergency, please contact:

Parent or Guardian _____ Phone # _____

Friend or Relative _____ Phone # _____

Doctor _____ Phone # _____

List know food/drug allergies: _____

Medication taken regularly: _____ Medical conditions: _____

Swimming: My youth is a: Non-swimmer ____ Fair ____ Good Swimmer ____

Family Medical Insurance Company _____ Policy #/Group # _____

I have read and understand this Medical Release Form and Waiver. My signature represents that all of the information contained herein is true and correct. I, hereby, accept and assume all the risks of injury associated with the activities of WOW Church Student Ministry.

Unless terminated in writing, this release shall be effective for the year **2009**.

Signature _____ Parent (Managing Conservator) or Guardian

STATE OF OKLAHOMA

COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____ known to be the person(s) whose name(s) is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, **2009**.

Seal _____ Comm. No. _____

Notary Public in and for _____

County, Oklahoma

My Commission Expires _____