



Student Ministries Activity Consent and Authorization Form

Permission Slip ♦ Waiver Release ♦ Medical Release, Consent and Authorization

Name of Participant(s) _____ Date(s) of Birth _____
Address _____ City _____ Zip _____

Name of Sponsoring Ministry: Oak Brook Community Church

Brief Description of Activities: 365 IN CHICAGO - Mission Trip

Location of Activity: Local Ministry & Chicago City Church

Date(s) of Activity: Monday, June 27th – Thursday, June 30th, 2011

Name of Authorizing Person and Relationship (Please Print) _____

Circle One: Parent Guardian Self - Only if 19 or older.

Home Phone _____ Work Phone _____ Other Phone _____

SECTION I – Permission

I hereby grant full permission for my child/children/self (insert name(s), _____
_____ to participate in the above described activity/activities. I further understand
that such activity may include transportation and direction by chaperones or sponsors.

SECTION II – Waiver and Release

I hereby release Oak Brook Community Church, its subsidiaries, agents, staff, and volunteers in whole and individually from any and all responsibility and/or liability for any harm, injury, or sickness which may result to the above named participant(s) as a direct or indirect result of participation on the aforementioned activity. I waive any right to hold Oak Brook Community Church liable for any such injury, harm, or sickness.

SECTION III – Medical History and Consent

In the event of illness, injury, or other medical emergency, I authorize first-aid and/or professional medical care to be administered to the above named participant(s). If required by the medical provider, I hereby grant specific power of attorney to the Adult Leader in charge of said activity to allow him/her to consent to medical treatment. In so doing, I release said Adult Leader from any and all liability for any harm, injury, or injury, or illness resulting from said medical treatment.

In addition, I hereby authorize and consent to any treatment not limited to, but including diagnostic procedures, the performances of any emergency surgical procedure, administration of anesthesia, or other such treatment deemed necessary by the professional medical provider.

I acknowledge that I am financially liable for any and all medical care provided, and shall not hold Oak Brook Community Church and/or its agents; or the medical provider liable for any medical expenses or costs incurred as a result of medical treatment which may be rendered.

SECTION IV – Medical and Insurance Information

Please list any allergies, including allergies to medications _____

Identify any medication(s) currently being taken and the schedule of such (if applicable) _____

Is participant susceptible to or have any history of the following?

- _____ Asthma
- _____ Seizures
- _____ Heart Trouble
- _____ Hemophilia
- _____ Migraines
- _____ Infections
- _____ Vision or hearing Impairment
- _____ Other Physical Impairments, Limitations, Dietary Requirements, Communicable Diseases, or Medical Conditions that we should be aware of (Please List) :

Name of Medical Insurance Company _____

Name of Insured Person _____

Name of Employer or Group _____

Policy Number or SS# _____

Insurance Co. Phone Number _____

AUTHORIZATION

I have read and completed all the above Activity Consent and Authorization and agree to all the statements, limitations, authorizations, waivers, and provisions listed therein.

Signature of Authorization Person named above _____ Date _____

NOTARIZATION

State of _____

County of _____

I hereby certify that on this day, before me, the above named authorizing person, in the state and county listed, personally appeared before me, signed and executed this document.

Witness my hand and official seal in the state and county aforesaid this _____ day of _____, 20____A.D.

My Commission expires: _____

Signature of Notary Public _____