DOUBLE OAK
community church

Medical Release Form/Permission to Treat

The Health History is correct so far as I know, and the person named herein has permission to engage in all prescribed activities except as noted.

Emergency Authorization - I hereby give permission to medical personnel selected by employees or agents of Double Oak Community Church ("DOCC") and/or DOCC's designee(s) and/or camp staff to order X-rays, routine tests, and reasonably necessary medical treatment for the person named herein. In the event of an emergency and neither my primary contact nor secondary emergency can be reached, I hereby give permission to the physician selected by DOCC or DOCC's designee to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to the person named herein.

I further authorize the release of the medical information contained herein to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, fully and forever release DOCC, its employees, volunteers, agents, assigns, officers, directors, successors, and predecessors ("releasees") from any and all liability associated with participation in any DOCC activity.

I understand that if I do not have medical insurance, I, or I as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand and acknowledge that there are risks, including risks of injury, involved in taking place in recreation activities and other activities related to participation in youth functions. I understand that by signing below I, or I as the parent or guardian, am fully assuming those risks and as stated herein fully and forever discharge releasees from any liability in contract, tort, or otherwise.

Participant Name (Print) _____ Date _____

Participant (if over 19 years of age) (Signature) _____ Date _____

Parent/Guardian (Print): _____ Date _____

Parent/Guardian (Signature): _____ Date _____

DOUBLE OAK
community church

Medical History Form

Personal Information

Name _____

Date of Birth ___ /___ /____ Age _____ Gender _____

Street Address _____

City _____ State _____ Zip Code _____

Emergency Contact Information

Parent or Guardian _____ Relationship _____

Cell Phone (___)_____ Work Phone (____)_____ Other (____)_____

Secondary Contact _____ Relationship _____

Cell Phone (___)_____ Work Phone (____)_____ Other (____)_____

Insurance Information

Please attach a copy of your insurance card to this form

Insurance Company _____ Group #_____ Policy # _____

Name of Cardholder _____ Relationship to Cardholder _____

Insurance Company Address _____

Insurance Company Phone (___)_____

Personal Medical Information

Physician _____ Phone (___)_____

Please list any physical limitations (e.g. asthma, diabetes, allergies, etc.) and or special conditions (e.g. rare blood type, wears contact lenses, allergic to certain medications, etc.)

_____

_____

_____

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_____

Please list all operations or serious injuries and dates within the past five (5) years.

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Medication Record Form

Participant's Name:				Program Date:				
Program Name:				Program Location:				
MEDICATION: dose, route and frequency	Time to be given	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Parent: List medications to be given and how and when to be given		**First Aider/Health Officer:** Initial and note time medicaiton is given						

I give my child permission to take Tylenol or Motrin for headaches YES ____ or NO____

If child does not respond to medication, a medical representative will reach out to parent or guardian

I give my child permission to take Pepto for upset stomach YES ____ or NO ____

If child does not respond to medication, a medical representative will reach out to parent or guardian

I give my child permission to carry his/her asthma medication (rescue inhaler) at all times YES ____ or NO ____

PARENT SIGNATURE : ____ DATE __________

All unused medications will be returned to parents or guardians after the event. Please have medications clearly labeled with dosage and times to take medications. Please only provide medications for the duration of the event.