

**East White Oak Bible Church (EWOBC)  
Consent and Medical Release Form**

I, the undersigned parent or legal guardian, do hereby grant permission for the following child:

Last Name	First Name	MI	Birth date
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to attend, participate in and/or go on any and all events, clubs and activities sponsored or hosted by EWOBC, including any related travel.

**Medical Consent and Information**

In the event of an emergency where medical treatment is required I give permission to EWOBC and any of its officials, employees, staff, representatives, agents and volunteers (collectively, "EWOBC Staff") to obtain or arrange for medical services and treatment, including the services of a physician, and to authorize treatment on my behalf. Please attempt to notify me immediately concerning any such emergency. I acknowledge and agree that I am responsible for payment and that my insurance plan is the primary coverage for any such treatment and any insurance plan of EWOBC may only be used, if at all, as the secondary coverage, if applicable.

Please identify any medical information, allergies and special dietary needs that apply to your child, including medication and specific condition for which it is needed:

\_\_\_\_\_

\_\_\_\_\_

My Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

**Conduct Code**

In the event of any disciplinary problem or inappropriate conduct, I understand and agree that EWOBC Staff will have and I do hereby grant EWOBC Staff the authority to resolve the problem or conduct in whatever manner it deems necessary or appropriate in its sole discretion. In an extreme or unresolvable case, I understand and agree that EWOBC Staff will make reasonable efforts to notify me and my child may be sent home immediately at my expense.

**RELEASE AND INDEMNITY**

IN CONSIDERATION OF MY CHILD'S PARTICIPATION IN EVENTS, CLUBS AND ACTIVITIES SPONSORED BY EWOBC, I HEREBY RELEASE AND INDEMNIFY EWOBC, AND ALL OF ITS OFFICIALS, EMPLOYEES, STAFF, REPRESENTATIVES, AGENTS AND VOLUNTEERS FROM ANY AND ALL LIABILITY, INJURIES, CLAIMS, ACTIONS, DAMAGES, EXPENSES, LOSSES, AND COSTS, INCLUDING ATTORNEYS FEES, RELATED TO, ARISING OUT OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION IN SUCH EVENTS, CLUBS AND ACTIVITIES AND ANY RELATED MEDICAL TREATMENT. THIS FORM IS VALID FOR ONE YEAR FROM THE DATE IT IS SIGNED UNLESS SOONER TERMINATED BY ME IN A WRITING DELIVERED TO EWOBC; PROVIDED, HOWEVER, IN ANY EVENT THE RELEASE AND INDEMNITY PROVISIONS HEREOF SHALL SURVIVE ANY SUCH TERMINATION OR EXPIRATION.

Parent/Guardian Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_