

**Oakwood Community Church
Medical Release Form**

I, _____, the guardian of _____,
hereby grant Oakwood Community Church (8805 Klein Dr, Waconia, MN 55387) the authority
to:

- obtain medical treatment and procedures as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health care providers.
- obtain routine medical treatment from appropriate health care providers if symptoms of illness occur (e.g., fever, coughing, irregular breathing, unusual rashes, wallowing problems, etc.)

I hereby release and hold harmless, Oakwood Community Church, it's staff and sponsors, from responsibility and liability for any illness or injury that my child may sustain during this activity, provided they have exercised reasonable caution and supervision toward the safety of my child. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon or dentist. I understand that this adult leader will notify me personally as soon as possible if there is any accident requiring the services of a physician, surgeon, or dentist.

Guardian Signature (If under 18) _____ Date _____

In case of an emergency, please contact in the order listed below:

Name _____
Relationship to Child _____
Address _____
Phone _____
Name _____
Relationship to Child _____
Address _____
Phone _____

Please provide health care providers with this health insurance information:

Insurance Company _____
Policy Number _____
Policy Holder _____