

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 |
|-----------|------------|----|------------|

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: _____

Cellular Phone: _____

Date Signed: _____

Other Emergency Contact: _____

Name: _____

Phone Number: _____