MEDICAL/ PARENTAL CONSENT FORM

Willamette Christian Church, 3153 S. Brandywine Dr., West Linn, Oregon 503-656-2328

Effective Dates: August 1, 2009 to August 31,2010

STUDENTS NAME: _____GRADE: _____DOB_____
Last First Middle

MAILING ADDRESS_____CITY_____PHONE(H)_____(C)_____

Student's Current Email: _____ Parent's Current Email: _____

Mother's Name: _____Phone: _____Father's Name: _____Phone: _____

Emergency Contact: _____ Relationship: _____Phone: _____
(When parent cannot be reached)

MEDICAL RELEASE

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the church representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the applicable provisions of Oregon state law.

Medical Insurance Company: _____ **Policy #** _____

Physician: _____ **Office Phone**: _____**Dentist**: _____**Phone**: _____

Date of Last Tetanus Shot _____

RELEASE OF CLAIMS AGAINST WILLAMETTE CHRISTIAN CHURCH

As Parent/Guardian, I have voluntarily applied, on behalf of my child; to participate in any Youth sponsored field trip. I understand that there are risks in my child's/ward's presence, transportation, and participation in this church-sponsored program. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S/WARDS PRESENCE AND PARTICIPATION IN ANY FIELD TRIP. I HEREBY RELEASE THE CHURCH AND ANY OF ITS AFFILIATED ORGANIZATIONS, AGENTS, EMPLOYEES, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN ANY FIELD TRIP.

I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF ON BEHALF OF MY CHILD, AND WILLAMETTE CHRISTIAN CHURCH AND I SIGN IT OF MY OWN FREE WILL.

BEHAVIOR EXPECTATIONS

I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my child to cooperate and conform to directions of the supervising personnel.

SIGNATURES: I/we the undersigned request that my/our child be permitted to participate in any WCC activities.

Parent/Guardian Signature: _____ Date: _____

Please Print Name: _____ Phone: _____

Please note any additional information: