

Annual Student Release Form

This form is designed to be renewed annually, with any pertinent information updated as necessary. Make sure to review and update any information that is outdated so that we can have accurate information for your child (referred to as "student" in this document).

Name of Student: _____ Date of Birth: ___/___/___ Age: ___ Grade: ___ Gender: ___

Name of parents(s) and/or guardians(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relation to student: _____

Home Phone: _____ Cell Phone: _____

MEDICAL INFORMATION

SPECIAL HEALTH ISSUES: (Check)

- | | | |
|---|--|--|
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Asthma* | <input type="checkbox"/> Stomach Upsets |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Allergies* | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Psychological/ <input type="checkbox"/> Mental Disorder |
| <input type="checkbox"/> Other _____ | | |

ALLERGIC REACTIONS:

- Aspirin
 Penicillin
 Bee Stings
 Specific Foods:
 Other comments pertinent to child's health: _____

Occasionally, it is necessary to provide students with non-prescription medications when they are at an event or activity. Please check below to indicate whether you give permission for the listed medication to be administered by qualified staff and/or volunteers. We will not administer any medication without this authorization. *Please check YES or NO for each medication:*

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Pepto Bismol (upset stomach)	<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen (head/muscle aches)
<input type="checkbox"/>	<input type="checkbox"/>	Benadryl (itching, cold/allergy)	<input type="checkbox"/>	<input type="checkbox"/>	Caladryl Cream (itching/bug bites)
<input type="checkbox"/>	<input type="checkbox"/>	Cough Drops	<input type="checkbox"/>	<input type="checkbox"/>	Tylenol (head/muscle aches)
<input type="checkbox"/>	<input type="checkbox"/>	Neosporin (cuts/scrapes)	<input type="checkbox"/>	<input type="checkbox"/>	Tums (upset stomach)

ALL MEDICATIONS and PRESCRIPTIONS MUST:

1. Be in the original container.
2. Have a note with HOW, WHEN and WHY to administer which is SIGNED by the legal guardian.

RELEASE/DISCLAIMER OF LIABILITY

I, _____ (parent/guardian name), in consideration of the benefits derived from my participation with activities, games, services, functions, etc., do hereby voluntarily release, acquit and forever discharge Oasis Community Church and its pastors, elders, officers, employees, and agents, from all manner of suits, actions, claims, demands and liabilities which may arise from my participation in these activities and functions on Oasis Community Church grounds or places that are traveled to for services, activities, etc.

I recognize that the conditions in some of the places to which I will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks (including but not limited to the COVID-19 virus), as well as other risks, to me and my property, and I enter into participation in all trips, activities, and events in the current year _____ with knowledge of those risks.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal or property damages, arising out of my participation in any such activity.

No provision of this document shall, in any way, limit my right to make claims against persons other than Oasis Community Church, its pastors, its elders, officers, employees and agents.

PARENT/ GUARDIAN SIGNATURE Date _____

Date _____

Insurance Carrier: _____
(Name) (Address) (Phone)

Insurance Card Number: _____ Insured's Member Number: _____

Doctor: _____
(Name) (Address) (Phone)

PHOTO CONSENT:

Oasis Community Church uses pictures/video from events and activities to make printed or web publications. Your registration constitutes permission for Oasis Community Church to use these pictures/videos for these purposes. A written statement must be on file with the church office if you do not give consent.

YOUTH PLEDGE:

I hereby pledge to uphold all policies of the Oasis Student Ministries Department of Oasis Community Church. During all youth activities and all youth trips within the dated year, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions.

(Signature of Youth Student) Date _____

NOTICE OF ANNUAL RENEWAL

By signing below, I verify that I have read and understand the information listed above, I have corrected any information that is outdated or incorrect, and I am agreeing to the Release/Disclaimer of Liability for the current dated year along with my signature below.

Year 2: _____

PARENT/ GUARDIAN SIGNATURE

Date _____

Year 3: _____

PARENT/ GUARDIAN SIGNATURE

Date _____

Year 4: _____

PARENT/ GUARDIAN SIGNATURE

Date _____

Year 5: _____

PARENT/ GUARDIAN SIGNATURE

Date _____

YOUTH PLEDGE ANNUAL RENEWAL:

I hereby pledge to uphold all policies of the Oasis Student Ministries Department of Oasis Community Church. During all youth activities and all youth trips within the dated year, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions.

Year 2: _____ Date _____
(Signature of Youth Student)

Year 3: _____ Date _____
(Signature of Youth Student)

Year 4: _____ Date _____
(Signature of Youth Student)

Year 5: _____ Date _____
(Signature of Youth Student)