

Oceanside Christian Fellowship (OCF)

Medical and Liability Release Form

Please fill out both sides.

Name _____ Birthday ____/____/____
Grade _____ Address _____
City _____ Zip _____ Phone #'s _____

Parent's/Guardian's Name _____
Phone _____
If the above can not be reached in an emergency, notify _____
Phone _____

Health History (If necessary, additional information may be written separately and attached):

<u>Allergies:</u>	<u>Other</u>	_____ Heart Condition	_____ Hay fever
_____ Insect Stings	<u>Conditions:</u>	_____ Upset stomach	_____ Frequent cold
_____ Drugs		_____ Physical disability	_____ Chronic Asthma
_____ Other Allergies		_____ Epilepsy	_____ Diabetes

If you checked any of the above, please give details (include normal treatment of allergic reactions) _____

Date of last tetanus shot _____
Name and dosage of any medications that must be taken: _____

Any swimming restrictions: ___ Yes ___ No Any other activity restrictions: ___ Yes ___ No
List any restrictions: _____

Do you have health insurance? ___ Yes ___ No Insurance Company _____
Group/Policy # _____
Main Insured's Social Security # _____
Family doctor _____ Phone _____

Note about Insurance: OCF carries only liability coinsurance (secondary insurance). This means that should your child become injured or ill on a church sponsored activity, your own family medical insurance will be billed first. If you have no insurance or if your insurance doesn't cover all necessary medical costs, our policy will make you pay the difference.

Medical Release: In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the youth sponsor representing OCF to hospitalize, to secure proper treatment and/or an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian below is intended to serve as a medical release. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment and hospitalization judgment may deem advisable. This authorization is to be effective until it is revoked in writing to said agent.

Liability Release: Every activity sponsored by OCF is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all

(TURN OVER)

risks and hazards inherent in church-related social activities. They also agree not to hold OCF or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Print Name: _____ Relationship to Child _____

Parent or guardian's signature: _____

Date: _____

YOUTH CODE OF CONDUCT

Parents must read and sign below. We also expect each youth to read and confirm to this Code of Conduct:

- Possession or use of alcohol, drugs, or tobacco is not permitted.
- Youth may not drive during events without specific permission from the Youth Director.
- Fighting, weapons, fireworks, lighters, matches are not permitted.
- All clothing must be inoffensive and modest . No two piece bathing suits or Speedos.
- No boys in girls' sleeping areas and no girls in boys' sleeping areas.
- No physical display of affection.
- Participation with the group is expected.
- Obey all staff and adult leaders the first time you are asked. I, the youth, understand that the youth leaders have full authority to make decisions regarding all aspects of each event and will respect and support the leaders and those decisions.
- I will be selfless, display a heart of servant hood, be flexible, and will guard myself from complaining. If I have a problem I will communicate it to the Youth Director right away and not gossip about it to others.
- Respect others and the property of others.
- Comply with event schedules. Please be on time to every event and gathering.
- **Youth who fail to comply with these expectations may be sent home at their parents' expense and may lose the privilege of participating in future activities.**

*"I, the youth, have read and understand the **Youth Code of Conduct**. As a representative of Jesus Christ and of Oceanside Christian Fellowship, I will willingly abide by the **Youth Code of Conduct**, maintaining the highest standard and positive witness ."*

Youth Signature: _____

Date: _____

*"I, the parent, have read, understand, and agree with the **Youth Code of Conduct**."*

Parent or guardian's signature: _____

Date: _____