

# Ocoee Church of God

1105 N. Lakewood Avenue  
Ocoee, FL 34761  
407-656-8011

## Permission and Medical Consent

As parent/guardian, I hereby give permission for my child to participate in activities that are organized Ocoee Church of God.

Child's Full Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Last Date of Birth: \_\_\_\_\_ First Age: \_\_\_\_\_ Middle

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Does your child have any allergies NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please explain below:

\_\_\_\_\_

Does this child have any medical or health problems or has this child had any chronic or recurring illness, which may affect their participation in activities

\_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

If child has current medical insurance, please indicate below:

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Date of last tetanus Shot: \_\_\_\_\_

Are there any activities, such as strenuous activities, that should be restricted for this child?

No \_\_\_\_\_ Yes \_\_\_\_\_ Describe: \_\_\_\_\_

Is this child on any medications? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, list all medications below:

\_\_\_\_\_

Describe any dietary restrictions child is required to observe:

\_\_\_\_\_

I, \_\_\_\_\_, understand that the Ocoee Church of God carries medical/hospitalization insurance which consistent with the exclusions, limitations and term thereof, may provide benefits above any personal medical/hospitalization insurance available to my family. I understand that any personal medical/hospitalization insurance will provide primary coverage and the Ocoee Church of God medical/hospitalization coverage may provide secondary or excess coverage. I agree to apply first the benefits from the personal medical/hospitalization available to me before applying for benefits that may be available from Ocoee Church of God. I further understand that in the event my child requires medical treatment while engaged in the above named activity, reasonable efforts will be made to contact me. If I cannot be reach, I hereby consent and give permission to the Ocoee Church of God sponsor or any Ocoee Church of God Adult Counselor to act as an agent for me to consent to any x-ray, injections, anesthesia, medical or surgical physician, licensed to practice under the laws of the state were the services are rendered, either as an outpatient or in patient stay.

**My child has permission to participate in all prescribed activities except as noted by me.**

Signature of Parent/Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date Witnessed: \_\_\_\_\_

This form is valid for 1 year from the date signed above.  
A 'field trip permission form' must be signed for all off site activities.  
It is the responsibility of the parent/guardian to update information as needed.