

MEDICAL RELEASE FORM AND PERMISSION TO PARTICIPATE

January 2026 – December 2026

Student name _____ Age _____ Birth Date _____
Address _____ Phone (____) _____
City _____ State _____ Zip Code _____
Parent(s) Business Phone(s) _____

To Whom It May Concern: The Undersigned does hereby give permission for our (my) child, _____ to attend and participate in activities sponsored by the O’Fallon Church of Christ from January 2025 through January 2026. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor had been entrusted while attending and participating in activities sponsored by the O’Fallon Church of Christ.

Physicians Name _____
Physician’s Phone Number _____ Hospital Insurance Yes _____ No _____
Insurance Company _____
Policy Number _____
Emergency Numbers _____
Parent Signature _____ Date _____

Please list any allergies, regular medications or special medical problems your child may have:

State of Missouri
County of St. Charles

On the _____ day of _____, _____, personally appeared before me, a notary public within and for the state and county aforesaid _____, known to me, and acknowledged that they signed the foregoing document for the purposes therein stated. My commission expires _____

Notary Public
O’Fallon Church of Christ, 8576 Veterans Memorial Pkwy, O’Fallon, MO 63366 Phone (636) 272-3080