



2026-2027 INSURANCE FORM

Student Name: _____ Cell # _____

Parent/Guardian Name: _____ Cell # _____

Parent/Guardian Name: _____ Cell # _____

Address _____ City _____ Zip _____

Family Physician _____ Phone # _____

Insurance Company/HMO/PPO _____

Policy Number _____ Phone # _____

In the event of illness or injury if parent/guardian is not available, we should call:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

If your child needs immediate emergency care, may we take him/her to the nearest hospital for treatment? YES _____ NO _____

Does your child have any allergies or is he/she on any medication? YES _____ NO _____

If yes, please explain: _____

Please list any special needs or health problems: _____

I grant permission to Oakwood Community Church to use images and/or videos of my child to celebrate Oakwood's ministries. _____

Initial Here

BY SIGNING THIS FORM, YOU RELEASE OAKWOOD COMMUNITY CHURCH AND THE STUDENT MINISTRY FROM LIABILITY IN CASE OF ILLNESS, INJURY OR DEATH.

Parent/Guardian Signature(s): _____

Date: _____



For more information contact
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