Oneida Gospel Church
Student Permission/Parental Consent Form

_____ _____ _____
Name Age Birth Date

_____ (_____) _____
Address Phone

_____
City State ZIP Code

_____
School Grade in or just completed

(_____) _____ (_____) _____
Other number/s we may use to contact the parents.

The undersigned do hereby give permission for my above named student to participate in all student activities sponsored by **ONEIDA GOSPEL CHURCH - Student Ministry** within the calendar dates of **2025/2026**.

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 provision 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 at 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.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult whose care the minor has been entrusted while attend and participating in activities sponsored by **ONEIDA GOSPEL CHURCH**.

Insurance Company _____

Policy Number _____

Physician's Name & Phone _____

_____ _____
Parent(s) or Legal Guardian's Signature Date

_____
Print Name(s)

Medical Information

Please fill in the following information:

Known allergies: _____

_____

Current Medications (with instructions): _____

_____

Physical Limitations: _____

_____

Operations/Serious Injuries: _____

_____

Dietary or Activity Restrictions: _____

_____

Other Comments: _____

_____

Date of Last Tetanus Shot _____/_____/_____

Weight: _____ lbs.

Height: _____ feet _____ inches