

Ongoing Ambassadors For Christ
Medical Information & Parent/Guardian Consent Form



Date: _____

TO: Ongoing Ambassadors For Christ (O AFC)

PARTICIPANT: _____

PARENT/GUARDIAN _____

ADDRESS: _____

CITY, STATE: _____

ZIP _____ **HOME TELEPHONE:** _____

BIRTH DATE: _____

FATHER WORK: _____ **CELL** _____

MOTHER WORK: _____ **CELL** _____

As the parent/guardian of the above named participant, I grant permission for him/her to take part in O AFC weekends and other events.

I realize the nature and extent of these activities and represent to you that the participant is physically and mentally able to join in these activities.

While O AFC adult leaders strive to maintain a safe environment, I realize that accidents can happen and have instructed the participant to follow common sense safety, i.e. fastening their seatbelts etc, and that they will be responsible for their actions.

I hereby appoint O AFC adult leaders as my agent and representative for the purpose of authorizing and consenting to hospital and/or medical care and treatment as necessary for the health and well being of the participant while they are attending O AFC activities.

Consent and Emergency Information:

Parent/Guardian Signature _____

Relationship to Minor _____

Witness of Signature _____

Witness Name (Printed) _____

Primary Emergency Contact _____

Secondary Contact _____

Connection to Participant Home Phone _____ Cell or Work Phone _____

Doctor _____

Phone _____

Medical Insurance Company _____

Policy Number _____

Phone _____

Date of participant's last Tetanus shot _____

If needed, participant allowed aspirin, Tylenol, etc.? _____

Other medication _____

Comments: _____

Date received: _____

This form should be updated annually or whenever any information changes.

Model Release* for Ongoing Ambassadors For Christ



I, _____ (print model's name), do hereby give Ongoing Ambassadors For Christ, their assigns, licensees, successors in interest, and legal representatives the irrevocable right to use my name, picture, portrait, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith. I am of full age (if the model is under 18 years of age, then their parent or guardian must give consent by signing below). I have read this release and am fully familiar with its contents.

Witness _____ Signed _____ Model _____

Address _____

Address _____

Date _____

, 20 ____

Consent (if applicable)

I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Witness _____ Signed _____ Parent or Guardian _____

Address _____

Address _____

Date _____

, 20 ____

*The Model Release gives permission for use of any Ambassador's pictures taken at many OAFc events (weekends, New Years, Summer Training, etc.) in OAFc publications such as the Crier, publicity materials, and on the web site. In order to protect youth ambassadors, it is the practice of OAFc to use only the first name on any material posted on the web site.

Ongoing Ambassadors For Christ serves LCMS congregations nationwide by leading OAFc Outreach Weekends and other events; training youth & adults to better share their faith in our Savior Jesus Christ, the only way to heaven. In OAFc we strive to witness to all who will listen that Jesus suffered died and rose again to forgive the sins of all people. We invite those who do not have a church home to the congregations we serve and we Train youth and adults to join us in multiplying our ministry. OAFc witnesses through: Bible study, singing, door to door canvassing, drama, puppets, and personal witness.