

Adult 2011-2012 Woodlawn Permission/Medical Form

Please PRINT in DARK INK. Do not leave anything blank!

We cannot assume that a blank space means "none", so if your answer is "none", please write "none".
Forms with missing information will be returned to you.

ADULT PARTICIPANT INFORMATION

First Name: _____

Last Name: _____

Birthdate: (MM/DD/YYYY) _____ / _____ / _____

Male

Female

Address: _____

City: _____ Zip: _____

Participant's Email: _____

Home Phone: _____

Cell Phone: _____

School: _____ Class: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Cell: _____

Home: _____

Work: _____

MEDICAL INFORMATION

Recent serious injuries: No Yes

Recent surgeries: No Yes

Allergies to Medications: No Yes

Chronic medical Conditions: No Yes

Other Pertinent Health Concerns: No Yes

Medications taken regularly: _____

Medications taken occasionally for headaches, etc.: _____

Will you bring these medications with you? No Yes

MEDICAL INSURANCE INFORMATION

Do you have medical insurance? No Yes

If yes, attach a copy of your insurance card to this form.

ADULT MEDICAL AND SURGICAL WAIVER

I, _____,
am 18 years of age or older and have listed all physical defects or medical conditions that may need attention. I understand that all medical information will be kept confidential and will only be released on a need to know basis. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to Woodlawn Baptist Church or its representatives or sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon myself which may in their sole discretion be necessary and proper under the circumstances. I do release, acquit, discharge, and covenant to hold harmless Woodlawn Baptist Church, or its representatives, or sponsors, or the camps/hotels/campuses where the youth/college events are being conducted, from any and all actions, damages, liabilities arising out of the treatment of any sickness or accident incurred.

I also give authority and permission to Woodlawn Baptist Church security/patrol staff to inspect my room and belongings while attending Woodlawn youth/college events for the safety and protection of all participants if unusual circumstances make such an inspection necessary.

This form also serves as a release by me to appear in Woodlawn photographs and/or videos for the purposes of publicity, training, and/or promotion.

I will inform Woodlawn as to changes in the information provided on this form as soon as possible.

Signature of Participant 18 or Older

Date

Please read the rules and sign the contract on the back of this form.

