

Youth 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.

YOUTH PARTICIPANT INFORMATION

First Name: _____

Last Name: _____

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

Male

Female

Address: _____

City: _____ Zip: _____

Participant's Email: _____

Home Phone: _____

Cell Phone: _____

School: _____ Grade: _____

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.

STUDENT MEDICAL AND SURGICAL WAIVER

I, _____, parent and/or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to attend Woodlawn youth events and participate in all activities during said events.

I have listed above said child's physical conditions or medical problems that may need attention, and all medications regularly used by said minor. I understand that all medical information will be kept confidential and will only be released on a need to know basis for care of said minor. Failure to disclose medical information/condition may result in dismissal from Woodlawn youth events. 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 the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon said child which may, in their sole discretion, be necessary and proper under the circumstances. I also consent and give permission for said child, at his/her own discretion, to participate in counseling sessions while attending Woodlawn youth events.

I do release, acquit, discharge, and covenant to hold harmless Woodlawn Baptist Church, or its representatives, sponsors, or the camps/hotels/campuses where the youth events are being conducted, from any and all actions, damages, or liabilities arising out of the treatment of any sickness or accident incurred by said child.

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

This form also serves as a release for my child 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.

X _____
Parent's initials
Parent/Guardian Signature (if under 18) _____ Date _____

X _____
Student Signature (if over 18) _____ Date _____

