

2009 - 2010 PERMISSION/MEDICAL RELEASE FORM (17 years & younger)

INSTRUCTIONS: ONE FORM PER INDIVIDUAL. Please type or print legibly in DARK INK. Underline the name you normally go by, don't leave anything blank! We cannot assume that a blank space means "none," so if your answer is "none" or "not Applicable," please write in "none" or "N/A." Forms with missing information will be returned to you.

Name (Last) _____ (First) _____ Sex (M/F) _____
 School _____ School Grade (Fall 2009) _____
 Address _____ Birthdate ____/____/____ Age Now _____
 City _____ State _____ Zip _____ Home Phone (Area Code) (____) _____
 Family Doctor _____ Phone (Area Code) (____) _____

In case of accident or special health needs, it will be necessary for us to have the following information. DO NOT LEAVE ANY SPACES BLANK – See "INSTRUCTIONS" above. A copy of your insurance card may also be attached.

IMPORTANT!

Person to notify in Event of Emergency _____ His/Her/Their relationship to you _____
 Cell#/Pager# _____ Daytime Phone# (____) _____ Evening Phone# (____) _____

<p>Health Information: Do you have or have you had</p> <p>Recent Serious Injury <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Recent Surgery <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Allergies to Medications <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Chronic Medical Condition (Allergies? Asthma? ADD?) <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Other Health Concerns? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If Yes to any of above, please describe:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Medications you take occasionally or on a regular basis (for asthma, allergies, headaches, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Will you be bringing these or any other medications with you?</p> <p style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Date of last Tetanus Shot _____</p> <p>Student's Social Security Number: _____</p>	<p>Medical Insurance Co. _____</p> <p>Plan or Group# _____</p> <p>Insured ID or Mbr.# _____</p> <p>Insurance Co Ph# _____</p> <p>(____) _____</p> <p>Ins. Co. Address _____</p> <p>_____</p> <p>_____</p> <p>A Copy of insurance card may also be attached.</p>
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STUDENT MEDICAL AND SURGICAL WAIVER: To be completed by parent(s) or legal guardian(s) of students under 18 years of age.

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 Westoak Woods Baptist Church events and participate in all activities during the event.

I have listed above said minor's physical conditions or medical problems that may need attention, and all medications regularly used by said minor. Failure to disclose medical information/condition may result in dismissal from Westoak Woods events. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to Westoak Woods 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 minor which may, in their sole discretion, be necessary and proper under the circumstances. I also consent and give permission for my child, at his/her own discretion, to participate in counseling sessions while attending Westoak Woods events.

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

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

I give authority to WWBC representatives to post digital pictures or videos of my child on the WWBC website or other promotional materials.

Parent/Guardian Signature _____ Date _____
 Address _____ City _____ Zip _____ Phone (____) _____
 Email Address _____