

**SEPTEMBER, 2010 – AUGUST, 2011**  
**MINOR MEDICAL WAIVER & RELEASE OF LIABILITY FORM**

**INSTRUCTIONS: ONE PERSON PER FORM.** 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 "NA." Forms with missing information will be returned to you.

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

If you are enrolled in college, college level IN FALL 2010 \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age Now \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (Area Code) (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ City \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (Area Code) (\_\_\_\_) \_\_\_\_\_

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

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

Health Information: Do you have or have you had  
 Recent Serious Injury  yes  no  
 Recent Surgery  yes  no  
 Allergies to Medications  yes  no  
 Chronic Medical Condition  
 (Allergies? Asthma? ADD?)  yes  no  
 Other Health Concerns?  yes  no  
**If Yes to any of above, please describe:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medications you take occasionally or on a regular basis (for asthma, allergies, headaches, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Will you be bringing these or any other medications with you?  
 yes  no  
 Date of last Tetanus Shot \_\_\_\_\_  
 Your Social Security Number: \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_  
 Plan or Group# \_\_\_\_\_  
 Insured ID or Mbr.# \_\_\_\_\_  
 Insurance Co Ph# \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_  
 Ins. Co. Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**A Copy of insurance card may also be attached.**

**IMPORTANT!**

**MINOR MEDICAL AND SURGICAL WAIVER & RELEASE OF LIABILITY  
 AND PHOTOGRAPHY/VIDEO RELEASE**

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ (hereafter referred to as "my Child"), have listed all physical defects or medical conditions that may need attention. 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 my Child which may, in their sole discretion, be necessary and proper under the circumstances. I do hereby 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 Child.

Furthermore, in consideration of the participation, by my Child of the undersigned, in mission projects or any activities sponsored by Westoak Woods Baptist Church and other good and valuable considerations, the undersigned does hereby release, discharge and save harmless Westoak Woods Baptist Church, its directors, officers, members, administrators, employees, team leaders and/or team members from any and all liability, claims, demands or actions which may occur as a result, directly or indirectly, while participating in any of said mission projects or activities, or participating in any and all types of activities, while in any country, or while traveling to and from said countries, to and from mission project sites, or any other traveling by the undersigned from departure from any airport in the United States until the time of return to any airport in the United States by any mode of transportation.

Furthermore, I give permission for my Child to be photographed and/or videotaped in the context of his/her participation in Westoak Woods Baptist Church activities and hereby give permission for my Child's pictures/videos to be used in slide show presentations, promotional publications and/or other promotional media including use on WWBC's website, provided the media is used exclusively for the promotion of Westoak Woods Baptist Church and/or its programs.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_