Good for:	New Year	Initials
[If your insurance	_____	_____
hasn't changed	_____	_____
for the new year	_____	_____
then all you have	_____	_____
to do is initial]	_____	_____

WSTUDENTS

ATTACH A FRONT SIDE AND BACK SIDE COPY OF YOUR INSURANCE CARD

ANNUAL MEDICAL RELEASE FORM

Please print clearly & complete the **entire** form below and return the completed form to WStudents.

Name of student: _____ Date of Birth:_____
( ) Male ( ) Female Grade _____ Graduation Year _____ School: _____
Address: _____ City: _____ State: _____ Zip: _____
Parent's Home Phone: _____ Parent's Cell Phone _____
Parent's Work Phone _____ Email: _____
Emergency Contact: _____ Phone 1:_____ Phone 2: _____
Family Physician: _____ Family Physician Phone: _____
Medications currently taking: (list all, even vitamins)_____
_____
Last tetanus shot: _____ Blood Type: _____ List details of all allergies (medical, environmental, or food):
_____
_____
_____
Has the student been prescribed an EpiPen? _____ (We expect the student to always have the EpiPen available.)
Has the student been diagnosed with Asthma or Diabetes? _____
Can the student swim and tread water? _____ Do they have a fear of water? _____
Parental Permission to give: (please circle) Advil Tylenol Aleve Pepcid Benadryl Other: _____
Special instructions regarding student:
_____
_____

(Student's Name)
_____ may participate in all Warren Baptist Church events. As a parent or guardian, I authorize an adult Counselor or Youth Pastor to make legal decisions, medical decisions, or otherwise, concerning said minor during the time of the student ministry event. I also agree that I will immediately notify the Student Ministry Office of W.B.C., in writing, of any changes to the information above, medical or otherwise. I hereby release Warren Baptist Church and its sponsors of any legal responsibilities and liability in the event of an accident or injury.

As a parent or guardian I have carefully and truthfully provided all the information requested and give my permission for my child to participate in W.B.C. student events. I also give my consent for photos and videos of all youth events that may include my student to be published/printed for the purpose of event recaps and future event promotions.
My child & I have read & understand that he/she will be subject to all the rules, regulations & policies outlined in the Student Ministry Guidelines.

_____ ___/___/___ _____ ___/___/___
(Parent/Guardian signature) (date) (Student signature) (date)

STUDENT MINISTRY GUIDELINES

LOVE GOD | LOVE OTHERS | PROVE IT

These guidelines are here to protect the students and to provide the best possible atmosphere for you to enjoy our event and grow in Christ.

By coming to this, and all WSM events you have agreed to abide by each rule. If you willfully disobey the WSM guidelines, you forfeit any free time and / or the right to stay at the event. If there is a need to dismiss any student to go home, transportation home will be at the parent's expense and attendance at any future events will be pending.

IN GENERAL: Be where you are supposed to be, when you are supposed to be, doing what you're supposed to be doing… & "When in doubt, DON'T!"

I will respect my WSM Volunteers & Leadership, I will respect everyone else around me. Each student who attends a WBC event is expected to conduct him/herself in a Christ-like manner at all times (1 John 2:6)