



MEDICAL RELEASE AND PERMISSION FORM

Effective Dates: January 1, 2024 to January 1, 2025

Please print in ink

Last Name: _____ First Name: _____ Middle Initial: _____

Age: _____ Birthday: ___/___/_____ Year in school: _____ Gender: M___ F___

Email: _____ Phone Number: _____

Address: _____ City: _____ State: _____

Zip Code: _____

Medical Insurance Company: _____ Policy #: _____

Guardian #1: _____ Phone: _____ Email _____

Guardian #2: _____ Phone: _____ Email _____

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Physician : _____ Phone: _____

Dentist: _____ Phone: _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. (When applicable, attach another page with details.)

1. Does your child have allergies to:
 Pollens: ___ Medications: ___ Food: ___ Insect bites/stings: ___
2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 Asthma: ___ Epilepsy/seizure disorder: ___ Heart Trouble: ___ Diabetes: ___
 Frequently upset stomach: ___ Motion Sickness: ___ Physical Handicap: ___
3. Date of last tetanus shot: ___/___/_____
4. Does the student wear:
 Glasses: ___ Contact Lenses: ___
5. Please list and explain any major illnesses the student experienced during the last year on a separate sheet of paper and staple it to this form.
6. Should the students activities be restricted for any major reason? If so, please explain on a separate sheet of paper and staple it to this form.



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For your information, we expect each student to conform to these rules of conduct.

- | | |
|---|---|
| No possession or use of alcohol, drugs, tobacco, or e-cigarettes | Active participation with the group to the best of the students' capabilities |
| No fighting, weapons, fireworks, or explosives | Respect of the property that the group is on |
| No immodest or offensive clothing | Respect of self, other students, adult leaders, and staff |
| No boys in girls' sleeping quarters and no girls in boys' sleeping quarters | Respect and comply with event schedules |

Students who fail to comply with these expectations may be sent home at their parents' expense.

I the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ **Date:** ___/___/___

Activities may include but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, games in a park, soccer, skiing, snowboarding, volleyball, camping, biking, concerts, Bible studies, hayrides, etc. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Student Minister prior to that event.*

Name of Student: _____ has my permission to attend all student activities sponsored by Woodlawn Baptist Church (hereinafter the "Church") from January 1, 2024 to January 1, 2025

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against any personal losses of naed student. I/we the undersigned are the legal parents or guardians of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability from any injury, sickness, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate and up to date. I/we also agree to bring my/our student home at my/our expense should they become ill or if deemed necessary by the student minister.

Parent/Guardian Signature: _____ **Date:** ___/___/___

