

Effective dates: July 1st, 2020 to June 30th, 2021

Please print

Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

School: _____

Year in school _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

Medical insurance company _____ Group # _____ Policy # _____

Ins. Co.'s Address, City, State, Zip _____

Physician _____ Office 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 son/daughter 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. If necessary, add another page with details:

- For your son/daughter's safety and our knowledge, is student a—
 good swimmer fair swimmer non-swimmer
- Does student have allergies to—
 pollens medications food insect bites
- Does student 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 physical handicap
- Date of last tetanus shot: _____
- Does student wear glasses contact lenses
- Please list all medications student is using and may bring with them:

Additional comments:

Should this student's activities be restricted for any reason? Please explain:

Medical Release & Permission Form

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

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No PDA
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Parents may be called to pick up student, should they fail to comply with these expectations.

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

Student's signature: _____ Date: _____

Activities may include, but are not limited to: camp, cookouts, boating, water skiing, horseback riding, swimming, basketball, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, skiing/snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit student's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ has my permission to attend youth events
(Name of Student) sponsored by Westwood Baptist Church (hereinafter "WBC")

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named student.

I the undersigned have legal custody of the student named above, a minor, and have given consent for him/her to attend events being organized by WBC. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release WBC, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I 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 WBC, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I 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 affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above.

Notary Acknowledgement

STATE of Florida, COUNTY of _____, on this ____ day of _____ 20____,

Before me personally appeared _____, who is personally known to me or who has

Produced driver's license # _____ as identification and who did (did not) take an oath.

Parent/Guardian

Notary Public