

# Student 2019/2020 Woodlawn Permission/Medical Release Form

Please PRINT in DARK INK.  
Do not leave anything blank!

We cannot assume that a blank space means none.  
If your answer is none, please write none.  
Forms with missing information will be returned to you.

## STUDENT INFORMATION

Student First Name \_\_\_\_\_

Student Last Name \_\_\_\_\_

Student Birthdate (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Student School \_\_\_\_\_

Student Grade (Fall 2019) \_\_\_\_\_  Male  Female

Student Adult T-Shirt Size:  S  M  L  XL  XXL  XXXL

Student Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Student Email \_\_\_\_\_  
(if no email, write "none" in the above blank)

Student Home Phone ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_  
(if no home phone, write "none" in the above blank)

Student Mobile Phone ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_  
(if no mobile phone, write "none" in the above blank)

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_  
(if no email, write "none" in the above blank)

Parent/Guardian Home Phone ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_  
(if no home phone, write "none" in the above blank)

Parent/Guardian Work Phone ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_  
(if no work phone, write "none" in the above blank)

Parent/Guardian Mobile Phone ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_  
(if no mobile phone, write "none" in the above blank)

### Emergency Contact if Parent/Guardian Cannot Be Reached

Name of Contact \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Emergency Contact Phone ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_  
 cell phone  home phone

## MEDICAL INSURANCE INFORMATION Do you have medical insurance? No Yes If yes, complete information below.

Name of Insurance Company \_\_\_\_\_

Insurance Company Phone ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

Member # \_\_\_\_\_

Group # \_\_\_\_\_

## STUDENT MEDICAL INFORMATION

### Significant Allergies (✓no or yes) If yes, provide detail

Food Allergy  No  Yes \_\_\_\_\_

Insect Sting  No  Yes \_\_\_\_\_

Medicine/Drug  No  Yes \_\_\_\_\_

Plant/Pollen  No  Yes \_\_\_\_\_

Other  No  Yes \_\_\_\_\_

### Additional Information (✓no or yes) If yes, provide detail

Recent Surgery  No  Yes \_\_\_\_\_

Tetanus Shot  No  Yes \_\_\_\_\_

Immunizations Current  No  Yes \_\_\_\_\_

Special Diet  No  Yes \_\_\_\_\_

### Diseases, Chronic or Recurring Illness (✓no or yes) If yes, provide detail

Asthma  No  Yes \_\_\_\_\_

Bleeding Disorder  No  Yes \_\_\_\_\_

Dermatological  No  Yes \_\_\_\_\_

Diabetes  No  Yes \_\_\_\_\_

Ear Infections  No  Yes \_\_\_\_\_

Heart Defect  No  Yes \_\_\_\_\_

Seizures  No  Yes \_\_\_\_\_

Stomach Condition  No  Yes \_\_\_\_\_

Emotional  No  Yes \_\_\_\_\_

Other Medical Need  No  Yes \_\_\_\_\_

## STUDENT HEALTH CARE AND PERMISSION

I give my permission for first aid techniques and simple health care to be administered as the need arises. I understand in the event of any serious injury or illness on the part of my child/ward, the Woodlawn ministry staff reserves the right to seek professional medical attention including but not limited to consultation with medical personnel, EMS transportation and hospitalization.

No  Yes

Initials \_\_\_\_\_

I give permission for my child/ward in consultation with medical personnel to be given the following medications as indicated by checking below.

No  Yes

Acetaminophen (i.e. Tylenol)  No  Yes

Antihistamine Cream  No  Yes

Initials \_\_\_\_\_

Ibuprofen (i.e. Advil)  No  Yes

Antibacterial Ointment  No  Yes

Antihistamine (i.e. Benadryl, Claritin)  No  Yes

Antacid Tablet (i.e. Tums)  No  Yes

Decongestant (i.e. Sudafed)  No  Yes

Additional medications as indicated/prescribed by medical personnel  No  Yes

## STUDENT MEDICAL AND SURGICAL WAIVER AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK & LIABILITY WAIVER

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 Woodlawn youth events and participate in all activities during said events, unless written notification attached specifies otherwise.

I have listed on this form said child's physical conditions or medical problems that may need attention, and all medications regularly used by said minor. I understand that all medical information will be kept confidential and will only be released on a need to know basis for care of said minor. Failure to disclose medical information/condition may result in dismissal from Woodlawn youth events. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to Woodlawn 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 child which may, in their sole discretion, be necessary and proper under the circumstances. I also consent and give permission for said child, at his/her own discretion, to participate in counseling sessions while attending Woodlawn youth events.

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

I also give authority and permission to Woodlawn Baptist Church security staff to inspect my child's room and belongings while attending Woodlawn youth events for the safety and protection of all Students if unusual circumstances make such an inspection necessary. I understand that the Woodlawn youth ministry staff reserves the right to dismiss, without refund, any student whose influence is detrimental to the operation of the Woodlawn event as determined by the discretion of the Woodlawn youth ministry staff. I understand that use of alcohol, tobacco products, illegal drugs and any kind of weapon is strictly prohibited at all Woodlawn events.

I have read the Woodlawn Youth Group Rules (and read the rules to my child) and agree to abide by all established regulations. I further understand that if he/she disregards the Woodlawn Youth Group Rules that he/she will be dismissed and sent home at my expense. I understand that I will be held financially responsible for any property damage he/she might cause.

Furthermore, this form releases Woodlawn Baptist Church to photograph and/or use the photographs of my child for use in its publications, advertising, promotional purposes, internet and/or visual presentations which inform people of the ministries and activities of Woodlawn Baptist Church.

I have read (or have had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document.

X \_\_\_\_\_

Required Parent or Legal Guardian Signature

\_\_\_\_\_ Date

## Woodlawn Youth Group Rules

- 1) Students are required to remain with the Woodlawn group during Woodlawn youth events.
- 2) Students must attend ALL scheduled activities and follow the event schedule.
- 3) A list of medications being taken regularly at the time of a Woodlawn event is to be turned in to the Woodlawn youth pastor. Students are not allowed to share any medication with any other participant.
- 4) Use of cell phones must fall within youth event guidelines.
- 5) **Not allowed:** drugs, alcohol, any form of tobacco, e-cigarette, vape, any type of paint, firearm, knives or any other kind of weapon, matches, fireworks, explosives, electronics, keepsake or valuable jewelry and/or collectible/memorabilia sportswear.
- 6) Clothing should reflect a Godly attitude. Casual clothing is always acceptable. Sleeveless clothing is not allowed. Shorts, skirts or dresses must be at least fingertip length. Distasteful designs/messages are not acceptable. One-piece swimsuits are preferred. All others require a dark colored t-shirt to be worn over them at all times, including while in the water.
- 7) Refrain from public displays of affection with girlfriends or boyfriends.
- 8) Under no circumstances are women to be in men's rooms or men in women's rooms. This includes hallways outside rooms.