

Adult 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.

ADULT INFORMATION

First Name _____

Last Name _____

Birthdate (MM/DD/YYYY) _____/_____/_____

School (if in college) _____

Male Female

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

Address _____

City _____ Zip _____

Email _____

(if no email, write "none" in the above blank)

Home Phone (_____) - _____ - _____

(if no home phone, write "none" in the above blank)

Mobile Phone (_____) - _____ - _____

(if no mobile phone, write "none" in the above blank)

EMERGENCY CONTACT INFORMATION

Name _____

Relationship to you _____

Home Phone (_____) - _____ - _____

(if no home phone, write "none" in the above blank)

Work Phone (_____) - _____ - _____

(if no work phone, write "none" in the above blank)

Mobile Phone (_____) - _____ - _____

(if no mobile phone, write "none" in the above blank)

2ND EMERGENCY CONTACT

(if above person cannot be reached)

Name of Contact _____

Relationship to you _____

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 # _____

ADULT 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 _____

ADULT 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 my part, 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 in consultation with medical personnel to be given the following medications as indicated by checking below.

No Yes

Initials _____

Acetaminophen (i.e. Tylenol) No Yes

Antihistamine Cream No Yes

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

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

I, _____, am 18 years of age or older and have listed on this form all physical defects or medical conditions that may need attention. I understand that all medical information will be kept confidential and will only be released on a need to know basis. 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 sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon myself which may in their sole discretion be necessary and proper under the circumstances. I do release, acquit, discharge, and covenant to hold harmless Woodlawn Baptist Church, or its representatives, or sponsors, or the camps/hotels/campuses where the youth/college events are being conducted, from any and all actions, damages, liabilities arising out of the treatment of any sickness or accident incurred.

I also give authority and permission to Woodlawn Baptist Church security staff to inspect my room and belongings while attending Woodlawn youth/college events for the safety and protection of all participants if unusual circumstances make such an inspection necessary.

I understand that the Woodlawn youth ministry staff reserves the right to dismiss, without refund, anyone 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 Adult Expectations and agree to abide by all established regulations. I further understand that if I disregard the Woodlawn Adult Expectations that I will be dismissed and sent home at my expense. I understand that I will be held financially responsible for any property damage I might cause.

Furthermore, this form releases Woodlawn Baptist Church to photograph me and/or use the photographs 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 _____

Signature of Participant, 18 years or older

Date

Woodlawn Adult Expectations

- 1) Adults are required to remain with their groups during Woodlawn events.
- 2) Adults must attend ALL scheduled activities and follow the event schedule.
- 3) Adults are not allowed to share any medication with any other participant.
- 4) Use of cell phones must fall within 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.
- 7) Under no circumstances are women to be in men's rooms or men in women's rooms. This includes hallways outside rooms.