

# Adult 2018/2019 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)

Mobile Phone Carrier \_\_\_\_\_

## 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)

Mobile Phone Carrier \_\_\_\_\_

## 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.