

Child 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.

CHILD'S INFORMATION

Child's First Name _____
Child's Last Name _____
Child's Birthdate (MM/DD/YYYY) ____/____/____
Child's School _____
Child's Grade (Fall 2018) _____ Male Female
Child's Address _____
City _____ Zip _____
Child's Home Phone (_____) - _____ - _____
(if no home phone, write "none" in the above blank)
Child's Mobile Phone (_____) - _____ - _____
(if no mobile phone, write "none" in the above blank)
Student Mobile Phone Carrier _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____
Relationship to Child _____
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)
Parent/Guardian Mobile Phone Carrier _____

Emergency Contact if Parent/Guardian Cannot Be Reached

Name of Contact _____
Relationship to Child _____
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 # _____

CHILD'S 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 _____

CHILD'S 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

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

Initials _____

CHILD 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 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 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 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 events for the safety and protection of all children if unusual circumstances make such an inspection necessary. I understand that the Woodlawn 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 children's 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 Children's Ministry 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 Children's Ministry 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 Children Ministry Rules

- 1) Students are required to remain with the Woodlawn group during Woodlawn children events.
- 2) Children 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 Children's pastor. Children 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. 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.