

2011 Medical & Surgical Waiver
Woodland Baptist Church
15315 Huebner Rd. San Antonio, Texas (210) 493-4501

Instructions:

The 2011 Medical and Surgical Waiver will apply to all youth and children events, trips and projects from January 1, 2011, through December 31, 2011. It will give Woodland Baptist church an adequate, current and useable record of each child/youth's medical information and will give hospitals information, including parental permission, in case youth or child needs medical attention. Please be thorough with each answer. It is the responsibility of the parent or guardian to keep this information current. After completing the form, *have it notarized* on the back. Many hospitals prefer notarization. **PLEASE NOTE:** this form does **NOT** give permission to participate. A separate but simple "WBC Youth/Children Permission Form" will be part of each event's registration process.

Personal Information:

Participant's Name: _____ Birthday: _____

Parent's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

Business Phone: _____

Mobile Phone: _____

Medical Information:

Family Physician: _____ Phone: _____

List below (or write "None") any physical defects or conditions the participant has, such as allergies, asthma, nervousness, headaches, dysmenorrhea, etc.:

Should the participant at any time require medical attention, list any special instructions (or write "None") which the participant might require, such as being allergic to penicillin, having a rare blood type, etc.:

Current Immunization (Give date or write "None"): Tetanus _____ Polio _____

Medical Insurance:

Company Name: _____

Policy Number: _____ Phone Number _____

Check here if participant has NO Medical Insurance: _____

(continued on back)

Waiver

1. To be filled out by parents or legal guardian of participants under 18 years old.

I, _____, the 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/youth, the said minor, my express permission to participate in any all activities at and with Woodland Baptist Church, San Antonio, Texas, in which he/she, with my approval, registers to participate.

I further expressly grant my permission for my child/youth to participate in all activities while an active participant on all trips and church events. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the Woodland Baptist Church staff, its representatives, upon said minor which may in their sole discretion be necessary and proper under the circumstances. I, the undersigned parent and/or guardian of said minor, do release, acquit, discharge and covenant to indemnify and hold harmless Woodland Baptist or its representatives, sponsors or attending physician, from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sicknesses or accident, and financial responsibility for all medical treatment provided during the attendance of any trip or events.

I also assume responsibility for providing any transportation from the event location should it be necessary for disciplinary reasons.

Parent/Legal Guardian Signature _____ Date: _____

2. To be filled out by participants who are currently 18 years of age or older, and all Sponsors.

I am eighteen years of age or older and have read the above Medical and Surgical Waiver for minors and agree to the same terms. I hereby release, acquit, discharge and covenant to indemnify and hold harmless Woodland Baptist or its representatives, sponsors or attending physician, from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of any of any trips or events.

I also assume responsibility for providing any transportation from the vent location should it be necessary for disciplinary reasons.

Adult Participant's Signature: _____ Date: _____

FORM MUST BE NOTARIZED:

Sworn to and subscribed before me a Notary Public this _____ day of _____, 20_____

Notary Public

My Commission expires _____