

2017 Medical & Surgical Waiver
Woodland Baptist Church
15315 Huebner Rd. San Antonio, Texas (210) 493-4501

INSTRUCTIONS

The 2017 Medical and Surgical Waiver will apply to all church events, trips and projects from January 1, 2017, through December 31, 2017. It will give Woodland Baptist Church an adequate, current and useable record of each person'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, guardian or individual to keep this information current. PLEASE NOTE: this form does NOT give permission to participate. A separate but simple "WBC Permission Form" will be part of each event's registration process.

PARTICIPANT INFORMATION

Name _____ Age _____ Birthday _____

Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACTS

Parent/Spouse _____ Home _____ Work _____ Cell _____

Other _____ Home _____ Work _____ Cell _____

Other _____ Home _____ Work _____ Cell _____

MEDICAL INFORMATION

Primary Care Physician _____ Phone _____

Are immunizations current? Yes No

MEDICAL ILLNESSES & DISEASES

Asthma Diabetes Heart Seizures Other _____

ALLERGIES (foods, medicines, insect stings, plants, etc.)

MEDICATIONS (list all to be taken)

<u>Medication</u>	<u>Dose</u>	<u>Frequency</u>	<u>Purpose</u>
-------------------	-------------	------------------	----------------

MEDICAL INSURANCE

Company Name _____ Member Name _____

Group ID _____ Member ID _____

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.

I hereby grant permission for Woodland Baptist Church of San Antonio to record pictures or videos of my child while on the church property or at a church-sponsored event. I also give permission to Woodland Baptist Church of San Antonio to use these images or videos in church print and online publications (including church websites and social networks).

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 event location should it be necessary for disciplinary reasons.

I hereby grant permission for Woodland Baptist Church of San Antonio to record pictures or videos while on the church property or at a church-sponsored event. I also give permission to Woodland Baptist Church of San Antonio to use these images or videos in church print and online publications (including church websites and social networks).

Adult Participant's Signature _____ Date _____