

Medical/Permission and Release Form This Form Is Valid For All Church-Sponsored Youth Activities

Name: _____ Date: _____

Age: _____

SS#: _____ DOB: _____ Phone: _____

Address: _____

In Case of an Emergency Notify: _____

Relationship: _____ Phone: _____

Family Physician: _____ Phone: _____

Family Insurance Company: _____ Phone: _____

Immunizations: Tetanus Polio Booster Measles Mumps Other _____

Past Medical History: (Check giving appropriate information) Asthma Sinusitis
 Bronchitis Kidney Trouble Heart Trouble Diabetes Dizziness Hay Fever
 Stomach Upset

Other _____

Allergies: Food(s): _____

Penicillin or Other Drug(s) (Name):

Insect Stings/Bites:

Poison Sumac, Ivy, or Oak:

Previous Operations or Serious Illness:

Any Current Medication(s) List:

Special Diet (Name):

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough

Other _____

Permission for Treatment: My permission is granted for the Church, Pastor, Minister of Music, Youth, and other staff personnel or other adult(s) in charge to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge all sponsors and the Church from all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in a church sponsored youth activity.

Date _____

Signature: _____

Relationship: _____

On this the _____ day of _____, 20 ____ personally known by me and in presence, executed the within and foregoing Medical/Permission and Release form. Witness my hand and official seal.

My Commission Expires: _____

Notary Public

YOUTH ACTIVITIES CONSENT FORM

Name of youth: _____

DOB: _____

Name of parent(s) or guardian(s):

Address:

Home phone: _____ Cell phone:

Other person and/or number to call in emergency:

Medical Information Is your youth presently being treated for an injury or sickness or taking any medication? Yes No If yes, please explain:

Does your youth have, or has your youth ever had, any of the following? (Please check all that apply.) Asthma Hay Fever Kidney Disease Diabetes Heart Murmur Seizure Disorders (Please explain)

Does your youth ever sleepwalk? Yes No

Youth's blood type _____ (if known)

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes No (If yes, please explain) _____

Family Doctor: _____

Doctor's Telephone: _____

Insurance Co.: _____

Policy No.: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Wynndale Baptist Church, and any other supervised activities customarily associated with its youth group, including youth rallies and overnight or weekend youth trips. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth leader in writing.

Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted, please specify: _____

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, if I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services if my youth is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider: _____, _____, or another adult chaperone designated by the pastor/youth pastor. (Note to Parents: you may add or delete a name as desired.) I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that _____ will not be responsible for medical expenses incurred solely based on this authorization. I further agree to notify the youth director in writing of any health changes that would restrict my youth’s participation in any normal youth activities. I also understand that the youth leader and designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

Signature of Parent or Guardian _____

Date _____

Youth Pledge

I hereby pledge to uphold all policies of the Youth Department of Wynndale Baptist Church. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions.

Signature of Youth _____

Date _____