

WOODLAND BAPTIST CHURCH

Medical Release and Emergency Care Information

I fully realize that any activity involves a risk of personal injury, property damage, or loss of my person or property. I hereby for myself, my heirs, executors, and administrators, waive and release any claims or rights against Woodland Baptist Church, all of its officers, directors, and coordinators, all owners or equipment which may be used and those who volunteered their equipment, vehicles, and services for any church activity, for any and all injury, damage, or loss to my person or property incurred during a church sponsored activity.

It is my understanding that Woodland Baptist Church will attempt to notify me in case of a medical emergency involving my child. If Woodland Baptist Church staff members, chaperones, or any other Woodland leader cannot reach me, then I authorize Woodland Baptist Church to secure any medical treatment necessary for my child by any licensed physician or dentist, including the admission for such emergency care to any hospital reasonably accessible. This authorization does not include major surgery unless two licensed physicians or dentists concur that immediate surgery is necessary. I give my permission to the doctor or other healthcare professional to provide the medical services he or she may deem necessary. I will accept responsibility for medical expenses so incurred.

Child's Full Name _____

Date of birth _____ Age _____ Gender _____

Parent or Legal Guardian Name _____

Mobile Phone _____ Home/Work Phone _____

Contact in case of Emergency (relationship) _____

Contact's Phone Numbers _____

Secondary Contact in case of Emergency (relationship) _____

Secondary Contact's Phone Numbers _____

Insurance Carrier _____

Policy Number _____

Medical problems? Yes _____ No _____

If yes, describe _____

Medications currently prescribed? Yes _____ No _____

If yes, describe _____

Name of Child's Doctor _____

Address _____

Office Phone Number _____

Name of Child's Dentist _____

Address _____

Office Phone Number _____

Hospital Preference _____

If you cannot be contacted or cannot pick up your child, please give the name of at least three people with whom your child can be released.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I agree that the Camp Director at Woodland or designated alternate may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

Parent/Legal Guardian Signature

Date