

**WOODLAND HILLS BAPTIST CHURCH
PERMISSION/MEDICAL RELEASE FORM**

(Please print) MEDICAL INFORMATION

Youth's Name _____ Date of Birth _____

Address _____

Names of Parents/Guardians _____

Home Phone _____ Work Phone _____ Cell Phone _____

Persons to call if Parent or Guardian cannot be reached in case of emergency:

Name _____ Phone _____

Name _____ Phone _____

Health Insurance Provider _____ Policy # _____

Are there any special health conditions of which Woodland Hills Baptist Church should be aware (such as allergies to medicines or bee stings, epilepsy, heart conditions, etc.)? (Please circle one) Yes No

If the answer to the preceding question was "Yes," please explain in detail: _____

Does your child know how to swim? (Please circle one) No Yes Level: Beginner Intermediate Advanced

PERMISSION AND RELEASE

As the parent (or guardian) of the above named attendee, I grant permission for my son or daughter to attend Woodland Hills Baptist Church activities and events and authorize Woodland Hills Baptist Church and its chaperons, to transport and supervise my child in connection with his or her attendance at the various activities throughout the calendar year.

I do further hereby give, release, absolve, indemnify, and agree to hold harmless, Woodland Hills Baptist Church, its staff, volunteers, and persons transporting my son/daughter to and from the activity and associated activities from any claim arising out of injury to my son or daughter, except to the extent such harm is the result of the intentional misconduct of Woodland Hills Baptist Church or such other party seeking to enforce this release.

Signature _____ Date _____

Name (please print) _____

MEDICAL CARE AUTHORIZATION

As the parent (or guardian) of the above-named attendee of Woodland Hills Baptist Church’s youth activities, I hereby authorize Woodland Hills Baptist Church and its chaperones to seek and have emergency medical first aid administered to the above-named attendee during the year.

Signature _____ Date _____

Name (please print) _____

WAIVER OF PUBLICITY FORM

I give permission for the use of any photos, movies, and audio or video tapings of my child’s activities in connection with Woodland Hills Baptist Church’s youth ministry, to be used with the approval of Woodland Hills Baptist Church for educational or religious purposes, media coverage, or for publicity benefiting educational or religious purposes.

Signature of Parent/Guardian _____ Date _____

Name (please print) _____

Relationship to Youth _____

STATE OF OKLAHOMA }

COUNTY OF _____ }

Before me, the undersigned, personally appeared _____, to me known to be the person who executed the above and foregoing Authorization for Medical Care on this _____ day of _____, _____.

[SEAL]

NOTARY PUBLIC