

2010 Medical & Surgical Waiver
Woodland Baptist Church
15315 Huebner Rd., San Antonio, TX 78248, (210) 493-4501

Instructions:

The 2010 Medical and Surgical Waiver will apply to all youth events, trips, and projects from January 1, 2010 through December 31, 2010. It will give Woodland Baptist Church an adequate, current and usable record of each youth's medical information and will give hospitals information they need to have, including parental permission, in case any youth needs medical attention. Please be thorough with each answer. It is the responsibility of the parent or guardian to keep the 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 "Parental Permission to Participate" form, which parents will sign, will be a 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 Number: _____

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

Should 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 guardians 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, the said minor, my express permission to participate in any and 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 to participate in all activities while an active participant on all trips and church events. In the event of an emergency, necessitating medical, surgical attention, I hereby consent and give my permission to the Woodland staff, its representatives, or the sponsors, or any attending physician, to make such decisions, and to perform such medical treatments and/or surgery 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, or the sponsors, or any 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 trips.

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

Parent or 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 Church, its representatives, or the sponsors, or any 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 trips.

I also assume responsibility for providing any transportation from the event 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

_____, _____.

Notary Public

My Commission Expires _____