

Wooddale Church

Health Information Form and Release of Claims, Waiver of Liability and Indemnification Agreement

Student Ministries (Grades 7th-12th)

Effective: May 2011 to May 2012

Office Use Only Jr. H <input type="checkbox"/> Sr. H <input type="checkbox"/>	Last Name Initial

Name: _____ Birthday: ____/____/____ Male Female
first last

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) - _____ - _____ Household Email: _____

Father's Name: _____ Father's Email: _____

Father's Information: Home (____) _____ - _____ (Cell) (____) _____ - _____ Phone (Work) (____) _____ - _____

Mother's Name: _____ Mother's Email: _____

Mother's Information: Home (____) _____ - _____ (Cell) (____) _____ - _____ Phone (Work) (____) _____ - _____

Student's Email: _____ Student's (Cell) (____) _____ - _____

Fall '11 School Name: _____ Does student have Facebook? Yes No

High School Graduation Year: 2017 2016 2015 (Jr. High Program) 2014 2013 2012 (Sr. High Program)

Student lives with: Both parents Mother only Father only Shared custody Other: _____

Alternate Emergency Contact: _____ Relationship: _____

Phone: (Home) (____) _____ - _____ Phone: (Cell) (____) _____ - _____ Phone: (Work) (____) _____ - _____

Medical insurance carrier: _____ Policy#: _____ Group#: _____

Carrier address: _____

Name of insured person: _____ Date of birth of insured person: _____

Insured person's place of employment: _____

Name of family physician: _____ Phone: (____) _____ - _____

Name of dentist/orthodontist: _____ Phone: (____) _____ - _____

Health History: (Check. Give approximate dates)

Frequent Ear Infections Diabetes Bleeding Disorders
 Heart Defect/Disease Asthma Mononucleosis
 Seizures ADD/ADHD Downs Syn.
 Tourettes Syn. Chicken Pox Measles/

Allergies :

Hay Fever Penicillin
 Ivy Poisoning, etc. Insect Stings
 Food(specify) _____
 Drugs (specify) _____
 Other _____

Chronic/recurring illness/medical conditions including mental illness: (depression, anxiety, etc.) _____

Dietary restrictions: _____

Current medications: (List both prescription, OTC & herbal)

Medication name: _____ Dosage: _____ Reason for taking: _____

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Any other information you feel the leaders should know in advance about your student: _____

Blood type: _____ Are all immunizations current? (MMR, tetanus-every 10 years, hepatitis) Yes No

Parent(s)/guardian signature _____ Date _____

Student's signature _____ Date _____

(Wait, there's more on back!)

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I(We) acknowledge that my child's participation in Wooddale Church Student Ministries is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I (We) acknowledge that my child's participation in any Wooddale Church youth activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Wooddale Church youth program activities, I (we) agree to the following:

Initial _____

Wooddale Church is not responsible for the loss or theft of personal belongings.

Initial _____

Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

Initial _____

I understand and authorize that my child's image may be photographed or filmed and used in Wooddale video presentations, printed publications, website and photo directories with their address.

Initial _____

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) I **waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Wooddale Church's Youth activities, the following person, or entities: Wooddale Church, it's Senior Pastor and Associate Pastors, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above: B) I **agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Wooddale, Wooddale staff or volunteers and: c) I **indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. **I hereby assume the risks of my child participating in all Wooddale Church Student Ministries.**

Initial _____

The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

Initial _____

I give my permission to the staff to use the information provided in this form in connection with my child's participation in Wooddale Church Student Ministries and to disclose it to any health care provider, hospital or other health care facility in connection with the provision of medical care to my child.

Initial _____

I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/Diphenhydramine or over the counter antacids as needed.

Initial _____

For your information, these are our rules of conduct expected from each student:

- Respect one another, staff and adult leaders
- No fighting, weapons, fireworks, explosives
- Participation with the group expected
- No boys in girl's sleeping quarters & visa versa
- No cell phones or portable entertainment systems
- No two-piece swim suits or guys' Speedos
- No students permitted to drive for events
- No offensive or immodest clothing
- Respect and comply with event schedules
- No lighters permitted
- Respect property
- No alcohol, drugs, tobacco

Student Initial _____

Failure to comply with these expectations could result in your child being sent home at your expense.

*My child has permission to attend all church sponsored youth activities as listed in calendars and/or Wooddale Church News, including but not limited to the following: cook-outs, boating, water-skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, paintball, broomball, ice-skating, volleyball, softball, baseball, camping, downhill skiing, snow-boarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to Wooddale Church **prior to that event.***

Initial _____

Student Initial _____

Parent(s)/ guardian signature _____

Student's signature _____