



Medical Release & Permission Form
Effect Dates: August 1, 2024 – July 31, 2025

Name: LAST FIRST MIDDLE Age: Birthdate:

Address City State Zip

School: Grade: Biological Gender: M F

Student Cell: Student Email (not school email):

Father's Name: Cell: Email:

Mother's Name: Cell: Email:

Emergency Contact: Cell: Email:

Medical insurance company: Policy #:

Physician: Office phone:

Dentist: Office phone:

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student if applicable to the event. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a—
[] good swimmer [] fair swimmer [] non-swimmer

2. Does your child have allergies to—
[] pollens [] medications [] food [] insect bites

Please list allergies:

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
[] asthma [] epilepsy / seizure disorder [] heart trouble [] diabetes
[] frequently upset stomach [] physical handicap

4. Date of last tetanus shot:

5. Does your child wear [] glasses [] contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:



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For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No student can drive other students during youth ministry events without written parent permission
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters (when applicable)
- Participation with the group is expected
- Respect property
- Respect one another and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parent's expense.

In the event of an overnight trip, we assimilate children based on their biological sex for sleeping arrangements.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission requirements to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include but are not limited to: cookouts, boating, white water rafting water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, and hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Youth Minister prior to that event.*

_____ has my permission to attend all youth activities
NAME OF STUDENT

sponsored by Woodlawn Christian Church (hereinafter the "Church") from **August 1, 2024 – July 31, 2025.**

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Church and its staff of any liability against personal losses of the named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its ministers, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Youth Minister or a volunteer.

Parent/guardian signature: _____ Date: _____



MEDIA RELEASE FORM

I, the undersigned, do hereby either grant or deny permission for Woodlawn Christian Church to use an image of my child as marked by the selection below.

This includes the display, distribution, publication, transmission, or otherwise use of photographs or video images taken of my child for use in materials that may not be limited to: printed materials such as brochures and newsletters, or videos and digital images for social media or the churches website.

- I deny permission to use my child’s image.
- I grant permission for Woodlawn Christian Church to use my child’s image in print, video, and/or digital media. I agree that these images may be used by Woodlawn Christian Church for a variety of legally permissible purposes, and that these may be used without further notifying me.

Name of Child

Print Name of Parent/Guardian

Signature of Parent/Guardian



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Video Game Release Form

At WCC, there are have video game consoles for our students to play during free time. While we do our best to have discretion while choosing these games, we understand there may be restrictions you place on your child for the rating of these games.

Please indicate below which rating of video games your child is allowed to play.

- "E" for everyone
- "E 10+" For everyone 10 and older
- "T" for teen
- "M" for mature (17+)
- None: my student is not allowed to play video games

Please sign below indicating your permission for your child to play games of these ratings:

Student Name

Parent Name

Date