

WESTWOOD BAPTIST CHURCH

Participant Name: _____

(1) PARENT AND GUARDIAN RELEASE AND INDEMNIFICATION

As the parent / guardian of the participant identified above, I hereby give my consent for my / our child to attend and participate in the Westwood Baptist Church planned activity, **IMPACT Virginia!**, from **15 July 2017 to 21 July 2017**. I hereby agree to release, indemnify, and hold harmless the church, church employees, and volunteers from any and all liability for any claim or injury or loss sustained by my / our child's participation in this planned activity.

Signed (Parent / Guardian): _____ Date: _____

Emergency Contact Information

	Mother	Father
Parent/Guardian Name		
Home Phone Number		
Cell Phone Number		

(2) MEDICAL RELEASE

In the event of a medical emergency, I hereby direct those in charge to (a) contact me immediately at the above-listed contact numbers, and (b) if I cannot be reached immediately as noted, to obtain immediate medical treatment for my child with notification to me to be made as soon as is reasonably possible.

Signed (Parent / Guardian): _____ Date: _____

Medical Information

Participant's Physician: _____ Phone: _____

Health Insurance Co: _____

Policy/Group Number: _____

Is your child allergic to any medications? If so, please list: _____

Other allergies (bee stings, poison ivy, etc.): _____

Is your child taking any prescribed drugs? Is so, please list: _____

***Please tape a copy of both sides of your insurance card
to the back of this form.***

(3) GENERAL INFO

T-Shirt Size: _____

Student email address: _____

Parent / Guardian email address: _____

Student school name / grade: _____

Student cell phone number: _____