

**PERMISSION FOR
EMERGENCY
CARE & MEDICAL
RELEASE FORM
2017-18**

Westwood Baptist Church
8200 Old Keene Mill Road
Springfield, VA 22152
Phone: (703) 451-5120
Fax: (703) 451-5193
www.westwood-baptist.org

VALID: SEPTEMBER 1, 2017 - AUGUST 31, 2018

In the event your student is injured on a Youth Function, this permission form will be readily accessible and taken to the hospital with the student. If any insurance, medication, or other information changes, it is the parent's responsibility to complete another form within the validity dates stated above.

Remember: Every attempt will be made to notify you prior to your student being taken for treatment. If we are unable to contact you, we will secure the necessary medical attention using the information you provide here. Please carefully complete this entire form.

-PATIENT INFORMATION-

Student Name: _____
 Date of Birth: ____/____/____ Grade: _____
 Male or Female (circle one)
 Print Names of Legal Guardians(s)

Home Phone # (____) _____ - _____
 Mom Work # (____) _____ - _____
 Mom Cell # (____) _____ - _____
 Dad Work # (____) _____ - _____
 Dad Cell # (____) _____ - _____

Home Address: _____
 City _____ Zip _____

Emergency Contact: _____
 Relationship _____ Phone _____

Student's Physician _____
 Physician Phone # (____) _____ - _____
 Physician Address: _____
 City _____ Zip _____

Allergies: _____

Regular Medication (Name/Dosage/Purpose)

Special Needs or Medical Conditions _____

Does Patient Wear Contact Lenses? _____
 Gas Permeable or Soft (circle one)

Date of Last Tetanus Shot _____

-INSURANCE CARRIER INFORMATION-

Insurance Company _____

Insured's Name _____

Insured's Employer _____

Policy Number _____

Member Number _____

Insured's ID Number _____

Group Number _____

Effective Date _____ Expiration Date _____

**-Please attach a copy of both sides
of your insurance card to this form-**

In the event of a medical emergency, I hereby direct those in charge to (a) make every effort to contact me immediately at the listed telephone 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.

I do hereby agree to release, indemnify and hold harmless the church's employees and volunteers from any and all liability for any claim or injury or loss sustained by my/our child's participation in the planned activity.

Signature of parent/guardian _____ Date _____

Print name of parent/guardian signed above
 PLEASE MAKE A COPY OF THIS FORM
 FOR YOUR PERSONAL RECORDS.
 RETURN THIS FORM TO THE CHURCH OFFICE.