

**Wieuca Road Baptist Church Youth Permission/Medical Release Form for
Faith in 3D
January 16-19, 2009**

Participant's Information

Full Legal Name: _____ Cell # _____ D.O.B _____
 Father/Guardian: _____ Home #: _____ Cell #: _____ Work #: _____
 Mother/Guardian: _____ Home #: _____ Cell #: _____ Work #: _____
 Additional Contact: _____ Home # _____ Cell # _____ Relationship: _____
 Parent's Email Address _____ Student's Email Address _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Emergency Contact & Numbers: _____
 Are you a member of W.R.B.C.: Yes No T-Shirt Size: (adult sizes) _____

Medical Information

Generally health is: (check one) _____ Excellent _____ Good _____ Fair _____ Poor
 If fair or poor please explain: _____
 List any medical conditions for which the student is currently being treated: _____
 List any current medication (include drug name, dosage, reason and directions for taking): _____

 List any allergies the student has (medicine, food, insect etc.) and required treatment: _____

I give permission for trip chaperones to issue the following Medications if needed (check all that apply):
 Advil Tylenol Aleve Imodium AD Advil/Tylenol Cold/Sinus other: _____
 Has the student had any of the following childhood diseases?
 Chickenpox Measles Mumps Whooping Cough Other _____
 Do any of the following cause health problems for the student? Explain if necessary:
 Asthma, Kidney Trouble, Heart Trouble, Diabetes, Other: _____
 Date of Last Tetanus Shot: _____ Family Physician: _____
 Physician Telephone: _____ Insurance Co.: _____
 Subscriber Name: _____ Place of Employment/Occupation: _____
 Subscriber Number: _____ Policy or Group Number: _____
 Subscriber Address: _____ City: _____ State: _____ Zip: _____

Permission for Medical Treatment, Photograph/Video Notice, & Release & Indemnity

My permission is granted for Charles Anthony Smith, Jr., any other church staff or Adult chaperone to obtain necessary medical attention in case of sickness, medical emergency and/or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during on and/or off campus activities and these photo/videos may be used in promotional materials, group activities, and/or official church website. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Wieuca Road Baptist Church, its staff, its members, and its affiliates from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in any activities related to this Wieuca Road Baptist Church Mission Trip to the Faith in 3D event in Orlando, FL. I agree to indemnify Wieuca Road Baptist Church for any and all claims, demands, damages, injuries, cost, suits or causes of action, past, present, future, arising out of or caused by my child while participating in this activity while on property owned by Wieuca Road Baptist Church, any of its staff, or its members. By signing this form I also give my permission for my son/daughter to participate in this event on January 16-19, 2009.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

Participant's Signature _____ Date: _____
 Parent/Legal Guardian Signature: _____ Date: _____