



WESTLAKE HILLS

PRESBYTERIAN CHURCH

7127 Bee Caves Road · Austin, TX 78746 · 512.327.1116

Student Medical Release Form

Effective September 1, 2011 to September 30, 2012

Students Full Name _____ Gender _____ Date of Birth _____
Address _____ Zip Code _____
Student E-Mail _____ Age _____ Grade _____
Home Phone # _____ Cell # _____ School _____

Parent/Legal Guardian's Full Name _____
Parent E-Mail _____
Cell Phone # _____ Work Phone # _____

Parent/Legal Guardian's Full Name _____
Parent E-Mail _____
Cell Phone # _____ Work Phone # _____

Other Emergency Contact _____
Relationship to Student _____ Phone # _____

Medical Insurance Company _____
Name of Insured _____
Policy # or Group # _____ Insurance Co. Phone # _____
Rx ID # _____ Rx Group # _____

MEDICAL HISTORY:

Please list and explain any health problems or chronic medical conditions (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 student 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.)

Please list and explain any major illnesses the student experienced during the past year: _____

Please list medications taken regularly _____

Please list any known allergies (food, drug, etc.) _____

Does your student wear: _____ glasses _____ contact lenses _____ neither
Should this student's activities be restricted for any reason? Please explain _____

Date of last tetanus shot: _____
Student's Physician _____ Phone # _____
Student's Dentist _____ Phone # _____

Westlake Hills Presbyterian Church expects each student to conform to these rules of conduct:

- No students can drive without proper authorization
- No possession or use of alcohol, drugs, tobacco or pornography
- No fighting, weapons, fireworks, lighters, explosives, etc.
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

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

I, the student, have read the rules of conduct and the above evaluation of my health. I agree to abide by the stated personal limitations and code of conduct. I agree to the medical history stated above.

Student Signature _____ **Date:** _____

_____ **has my/our permission to attend all youth activities sponsored by Westlake Hills Presbyterian Church from September 1, 2011 to September 30, 2012.**

PARENTAL CONSENT:

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Westlake Hills Presbyterian Church (hereinafter "WHPC") and its staff of any liability against personal losses of named student. I/We the undersigned have legal custody of the student named above and have given our consent for him/her to attend events being organized by WHPC. I/We understand that my/our signature below carries with it the following:

- ✓ I/We are aware that activities may include participation in sporting/recreational events. (Note: if you desire to limit your student's participation in any event, please submit your wishes in writing to the WHPC Youth Ministries Director(s) prior to that event.)
- ✓ I/We give permission for the above named student to be transported to and/or from church-sponsored events and church-approved meetings by: A) church provided transportation (cars, vans, buses, planes) and/or B) adult driven transportation (WHPC Youth Staff, adult volunteers). I/We also understand that my/our student may have one-on-one meetings with WHPC Staff or Volunteers.
- ✓ I/We give permission for any videos or photographs taken of the above named student to be used on the WHPC website or in any WHPC publication.
- ✓ In the event that the above named student is injured, or should require medical or dental attention while participating in a church-sponsored event, I/We hereby authorize the church representatives or sponsors of the event to secure necessary medical treatment for the above named student. I/We also acknowledge that I/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 provided. 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 further understand that it is solely my/our responsibility to notify the WHPC Youth Ministry of any changes regarding the above named student's health, medical insurance, or guardianship information. I/We do hereby specifically release, waive, discharge, and covenant not to sue WHPC, its staff, volunteers, agents, and governing bodies, for any action or causes of action, including, but not limited to, personal injury, property damage, or wrongful death, which may exist or which may hereafter arise during and following the participation of the above named student in a church-sponsored event occurring between the dates listed on this form. I/We further understand and agree that in the event that the above named student is involved in activities that violate or compromise the rules, policies, or purposes of WHPC, I/we will accept full responsibility for release of the above named student to my/our custody and care. I/We further understand that I/we will cover all financial costs if the above named student is sent home for disciplinary reasons.
- ✓ I/We have read and understand this form, and hereby state that all information is true and correct. Unless terminated in writing, this release shall be effective September 1, 2011 through September 30, 2012 only.

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Print Name of Adult Witness

Signature of Adult Witness

Date