

Westport Road Baptist Church Student Ministries
9705 Westport Road, Louisville, KY 40241
(Medical/Transportation/Photo Release Form)
To be completed by the parents of children 17 years and younger.
(Please print or type all information.)
Date: ____/____/____

1. Name of Student: _____ D.O.B.: _____
2. Address: _____ City/State/Zip: _____
Phone: _____ Adult T-Shirt Size: _____
3. Parent's (Guardian) Name: _____
Home phone: _____ Cell phone: _____
4. Family member or friend to be contacted in case parents cannot be reached: _____
Relationship: _____ Phone: _____
5. Name of Physician: _____ Phone: _____
6. Insurance*(y/n): ____ Insurance Name: _____ Policy #*: _____
7. Does your child have a chronic illness?* ____ If yes, please explain: _____
8. Allergies? ____ Explain: _____
9. Allergic to any medication? ____ If yes, give name(s) of medications. _____
10. Any physical restriction that limit activity? ____ If yes, specify: _____
11. Any adverse reactions to anesthesia? ____ If yes, explain: _____
12. Any history of seizures? ____ If yes, how often and what kind? _____
13. Is your child presently taking any medication?* ____ If yes, what kind(s)? _____

14. Any history of diabetes? ____ If yes, explain: _____
15. Date of last tetanus shot: _____
16. Other helpful information: _____

*Required information for hospital, if treatment is needed. All information is kept under locked file, except when needed, and remains confidential, used for medical treatment purposes only.

Permission/Consent Form

I (we), the undersigned parent(s) or guardian(s) of _____ understand that sickness and/or accidents may occur while _____ is participating in church sponsored activities and that in such cases, a representative of the church will notify me of the situation as soon as it is feasible. I understand that this contact will be secondary to the attention and security of the group and welfare of my child.

In the event my child experiences sickness or accident, I hereby grant permission to Westport Road Baptist Church and/or its representative(s) to seek medical care as deemed necessary. I understand that this care may include, but is not limited to the following: hospitalization, walk-in clinic care, prescribed medication, over-the-counter medication, ambulance transport or emergency medical rescue. In the event that medical treatment is needed, I agree to reimburse Westport Road Baptist Church for any expenses paid by the church while seeking medical care for my child. I understand that these expenses may include but are not limited to the following: ambulance service, doctor's fees, prescription drugs, over-the-counter medication, lodging due to illness, emergency room fees, walk-in-clinic charges, or transportation costs.

I acknowledge that my minor will be riding with an authorized agent from Westport Road Baptist Church. I release from all liability this agent along with Westport Road Baptist Church and any affiliate representing as such, who in acting in a responsible manner, will be transporting my minor to and from activities for the tenured year of this dated document.

I also give my consent for my teen's photo/image to be used a tasteful, Godly manner, in publicity materials and/or on web site promotions for the Westport Road Baptist Church Student Ministry for the sole purpose of publicity for ministry.

Parent or Guardian Signature

Date

Parent or Guardian email