

Medical/Permission and Release Form
This Form Is Valid For All Church-Sponsored Youth Activities
6804 Farrington Rd. Chapel Hill, NC 27517

Name: _____ Age: _____
DOB: _____ Phone: _____
Name of Parent(s) or Guardian(s): _____
Address: _____ City: _____ State: _____ Zip: _____
In Case of an Emergency Notify: _____
Relationship: _____ Phone: _____
Family Physician: _____ Phone: _____
Family Insurance Company: _____ Policy #: _____
Immunizations: Tetanus Polio Booster Measles Mumps Other
Past Medical History: (Check giving appropriate information)
Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes
Dizziness Hay Fever Stomach Upset Other: _____
Allergies: Food(s): _____
Penicillin or Other Drug(s) (Name): _____
Insect Stings/Bites: _____
Poison Sumac, Ivy, or Oak: _____
Previous Operations or Serious Illness: _____
Any Current Medication(s) List: _____
Special Diet (Name): _____
Childhood Diseases: Chickenpox Measles Mumps Whooping Cough
Other: _____

Consent and Certification:

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Waypoint Church, and any other supervised activities associated with its youth group, including youth rallies and overnight or weekend youth trips. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth leader in writing.

Signature of Parent or Guardian **Date**

Medical Treatment Authorization:

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill. I authorize any member of the Waypoint Church staff or their youth volunteers to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider.

I understand that Waypoint Church will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth pastor in writing of any health changes that would restrict my youth's participation in any normal youth activities. I also understand that the youth pastor and the youth ministry's designated youth volunteers reserve the right to restrict my youth from any activity they do not feel is within the physical capabilities of my youth.

Signature of Parent or Guardian **Date**