

2018 Medical and Surgical Waiver

Northwoods Presbyterian Church

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Instructions:

The 2018 Medical and Surgical Waiver will apply to all youth and college events, trips, and projects from **January 1, 2018** through **December 31, 2018**. Its intent is to give Northwoods Presbyterian Church an adequate, current and useable record of each student & leader's medical information, and to provide hospitals information they may need to have, including permission in the event that any student or leader needs medical attention.

Please be accurate and complete with each answer. It is the responsibility of the parent or guardian or leader to keep this information current, i.e., to update the information in the event of any change or additional information, which may need to be added.

STUDENT INFORMATION FORM

Personal Information:

Student's Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Parent Cell Phone _____

Parent/Guardian E-mail address: _____

Emergency Contacts: (Please list in order to be contacted in case of emergency.)

1. _____
Name Phone Relationship

2. _____
Name Phone Relationship

3. _____
Name Phone Relationship

Medical Information:

Family Physician _____ Phone _____

List below (or write “none”), any physical defects or conditions that the participant has such as allergies, asthma, nervousness, headaches, dysmenorrhea, etc. Please be complete, even if you do not currently consider any such condition significant. Should the participant require medical attention at any time, list any special instructions (or write “none”) which the participant might require such as being allergic to penicillin, having a rare blood type, etc. Again, please be complete, even if you do not consider any such allergies or conditions significant. (Our goal is to be complete so that, in the event care or treatment is needed, all known information will be available.)

Medications:

Please list all medications currently being taken by your child. Please also list the reason that the medications are being taken and if child can self medicate.

Are immunizations current? _____ Date of last Tetanus _____

Medical Insurance:

Company Name _____

Policy Holder's Name _____ DOB _____

Employer _____ Work Phone _____

Policy Number _____ Phone _____

Check here if participant has NO medical insurance ()

Prescription Coverage:

Company Name _____

Policy Holder's Name _____ DOB _____

Employer _____ Work Phone _____

Policy Number _____ Phone _____

Check here if participant has NO prescription coverage ()

**PLEASE INCLUDE A COPY (FRONT & BACK) OF YOUR CURRENT INSURANCE
CARD AND PRESCRIPTION CARD.**

Waiver and Acknowledgements

To be filled out by parents or legal guardians of participant under 18 years of age.

I, _____ the parent(s)
and /or legal guardian of _____

A minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give my child, the said minor, permission to participate in any and all activities at and with Northwoods Presbyterian Church of Houston, Texas, in which he/she, with approval, registers to participate.

I further expressly grant my permission for my child to participate in all activities while an active participant on trips and church events. In the event that emergency arises, necessitating medical or surgical attention, I hereby consent and give my permission to Northwoods Presbyterian Church staff, its representatives, and/or the sponsors and any attending physicians, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances, I, the undersigned parent and/or legal guardian of said minor, do release, acquit, discharge and covenant to indemnify and hold harmless Northwoods Presbyterian Church or its representatives, and sponsors, and any attending physician, from any and all actions and causes of actions, related risks and damages, including injuries and damages arising from their individual, joint, or concurrent negligence, injuries damages, and liabilities arising out of the negligent treatment of any sickness or accident, and any and all financial responsibility for all medical treatment of any sickness or accident, and any and all financial responsibility for all medical treatment provided during the attendance of any trips.

I also assume responsibility for providing transportation from the event location should it be necessary for disciplinary reasons.

I give my permission for photos of my child to be used in the church media resources (i.e. website, bulletin boards, etc.).

I understand that if my child is dropped off or picked up from church events before or past event times, there will be no supervision provided by Northwoods Presbyterian Church.

Parent's or Legal Guardian's Signature(s): (if 18, student may sign)

Printed _____ Date _____

Signature _____ Date _____

Printed _____ Date _____

Signature _____ Date _____