WOODLAWN STUDENT MINISTRY

Medical Release, Permission, and Transportation Consent

Event Information

Event name: Jack's River Hiking Trip
Event date(s): 7/11/2026
Trail/location: Peavine Sneed Creek Rd, Copperhill, TN 37317
Trip leader: Jason Brown
Departure time/location: 8am / Woodlawn Baptist Church
Return time/location: 6PM / Woodlawn Baptist Church

Student and Parent/Guardian Information

Student name: _____
Grade: _____
Date of birth: _____
Student phone: _____
Parent/Guardian name: _____
Relationship: _____
Primary phone: _____
Alternate phone: _____
Email: _____
Emergency contact phone: _____
Emergency contact name: _____
Relationship: _____

Permission to Participate

I give permission for my child named above to participate in this Woodlawn Student Ministry event. I understand this event may include hiking on uneven or steep terrain, wooded areas, mud, rocks, slippery surfaces, insects, wildlife, changing weather, and river, creek, or stream crossings.

I understand that my child must follow all instructions from Woodlawn Baptist Church staff, Woodlawn Student Ministry leaders, approved adult volunteers, and trip leaders.

Parent/Guardian initials: _____

Water Activity Acknowledgment

I understand that this event may include crossing rivers, creeks, or streams by walking through shallow or moving water, stepping across rocks,using designated crossing areas, or following leader-directed crossing procedures. Risks may include slippery rocks, uneven footing, coldwater, sudden changes in depth, swift current, falling, impact injuries, wet shoes or clothing and accidental submersion.I understand that leaders may change the route, delay a crossing, require additional safety precautions, require or provide safety gear, or cancel a crossing if conditions appear unsafe. My child must not enter, cross, swim in, play near, or linger near water unless specifically instructed and supervised by adult leaders.

[ ] My child can swim confidently.
[ ] My child can swim but is not confident in moving water.
[ ] My child cannot swim.
[ ] I am unsure of my child's swimming ability.

Water comfort, fears, restrictions, or special instructions:

_____

_____

Parent/Guardian initials: _____

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Adult Vehicle Transportation Permission

I give permission for my child to be transported to, from, and during this event in privately owned vehicles driven by approved adult leaders or adult volunteers of Woodlawn Baptist Church / Woodlawn Student Ministry. Transportation may also include church-owned, rented, or chartered vehicles when applicable.

I understand that motor vehicle travel carries ordinary risks. I understand that adult drivers are expected to be licensed, use vehicles with required insurance, follow applicable traffic laws, and require passengers to wear seat belts. I understand that students are expected to ride only in assigned vehicles, wear seat belts, remain seated, follow driver and leader instructions, and avoid distracting the driver.
I understand that students may not drive other students for this event unless Woodlawn Baptist Church gives separate written approval and the parent/guardian gives separate written permission.

[ ] Yes, my child may ride in adult-owned vehicles driven by approved adult leaders or adult volunteers.

[ ] No, my child may not ride in adult-owned vehicles. I understand I must arrange approved alternate transportation if required.

Transportation restrictions, motion sickness or other instructions:

_____

_____

Parent/Guardian initials: _____

Required Gear and Outdoor Readiness

I understand that my child may be required to bring or wear event-appropriate gear, which may include sturdy hiking shoes, shoes that can get wet, dry socks, a change of clothes, towel, water bottle, backpack, weather-appropriate clothing, insect repellent, sunscreen, and any other items requested by Woodlawn Student Ministry before the trip.

I understand that flip-flops, loose sandals, bare feet, or open-toed footwear may be unsafe for hiking or river crossings unless specifically approved by trip leaders for a limited purpose.

Parent/Guardian initials: _____

Medical Information

Known allergies, including food, medication, insect, latex, plant, or environmental allergies:

_____

_____

[ ] My child carries an EpiPen or emergency allergy medication.

[ ] My child does not carry emergency allergy medication.

Emergency allergy medication location/instructions:

_____

_____

Medical conditions leaders should know about, including asthma, seizures, diabetes, heart conditions, fainting, joint injuries, mobility concerns, anxiety/panic symptoms, or other relevant conditions:

_____

_____

_____

Recent injury, illness, surgery, concussion, heat-related illness, or condition that could affect hiking, river crossings, or travel:

_____

_____

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Medication Information

Current medications:

_____

_____

[ ] My child will bring medication on this trip.

[ ] My child will not bring medication on this trip.

Medication name, dosage, timing, and instructions:

_____

_____

_____

[ ] Approved adult leaders may assist my child with medication according to the written instructions provided.

[ ] My child may self-carry and self-administer emergency medication listed above.

[ ] Not applicable.

Parent/Guardian initials: _____

Emergency Medical Authorization

In the event of illness, injury, accident, water-related emergency, allergic reaction, vehicle-related incident, or other medical emergency, I authorize Woodlawn Baptist Church staff, Woodlawn Student Ministry leaders, approved adult volunteers, adult drivers, or their representatives to seek emergency medical care for my child if I cannot be reached in a timely manner.

I authorize licensed medical professionals to provide treatment they determine to be necessary or advisable for my child's health and safety. I understand that reasonable efforts will be made to contact me as soon as possible. I understand that I am responsible for medical expenses, ambulance fees, emergency care costs, medication costs, or other expenses incurred on behalf of my child.

Parent/Guardian initials: _____

Health Insurance Information

Insurance company:
_____

Insurance phone: _____

Policyholder name:
_____

Policy/group number: _____

Primary physician:
_____

Physician phone: _____

Restrictions or Special Instructions

Activities my child should not participate in, including hiking, water, transportation, medical, dietary, or behavioral restrictions:

_____

_____

_____

_____

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Student Conduct and Safety Agreement

[ ] Stay with the group and assigned leaders at all times.
[ ] Follow leader, driver, and trip safety instructions immediately.
[ ] Stay away from water unless leaders give permission.
[ ] Avoid horseplay, pushing, splashing, running near water, unsafe behavior near riverbanks, or distracting drivers.
[ ] Wear required safety gear and seat belts when instructed.
[ ] Tell a leader immediately if they feel sick, injured, frightened, cold, overheated, or unsafe.
[ ] Respect the trail, vehicles, property, other students, adult leaders, and event rules.

I understand that if my child's behavior creates a safety concern, I may be contacted and may be responsible for picking up my child early or arranging transportation home.

Parent/Guardian initials: _____

Assumption of Risk and Release

I understand that hiking, river crossings, outdoor activities, and vehicle transportation involve risks that cannot be completely eliminated, even with careful planning, adult supervision, licensed adult drivers, and safety precautions.

To the fullest extent permitted by law, I agree to release, hold harmless, and indemnify Woodlawn Baptist Church, Woodlawn Student Ministry, its staff, leaders, volunteers, adult drivers from claims, demands, losses, expenses, or liability arising from my child's participation in this event, except where such claims result from gross negligence, willful misconduct, or conduct that cannot legally be released.

I understand that this form is intended to be as broad and inclusive as permitted by applicable law. If any portion of this agreement is found to be invalid, the remaining portions shall continue in full force and effect.

Parent/Guardian initials: _____

Parent/Guardian Certification and Signature

I certify that I am the parent or legal guardian of the student named on this form and that the information provided is accurate to the best of my knowledge. I agree to notify Woodlawn Student Ministry immediately if any medical, allergy, medication, custody, emergency contact, transportation, or participation information changes before the event.

Parent/Guardian printed name: _____ **Date:** _____

Parent/Guardian signature: _____ **Best phone during event:** _____

Student name: _____ **Date of birth:** _____