WOODLAWN
STUDENT MINISTRY

Student Health & Event Permission Form

Please complete this form before participating in any Woodlawn Student Ministry event.

Student Information	Emergency / Insurance
Student: _____ DOB: _____ Grade: _____ Parent: _____ Phone: _____	Emergency Contact: _____ Relationship: _____ Phone: _____ Insurance: _____ Policy #: _____

Health Information

My child, _____, may participate in all activities, including sports, with the following exceptions (if no exceptions, write "None"):

_____

1. Allergies: _____
2. Major Illness: _____
3. Regular medications now being taken: _____
4. Date of last Tetanus shot: _____
5. Other information you feel may be important to us: _____

I certify that to my knowledge my child has not been exposed to any contagious disease within the last 30 days.

Event Permission

Please read and complete this permission form agreeing to let your youth attend **the event** with **Woodlawn Student Ministry**. I am giving permission for my child, _____, to attend the event with Woodlawn Student Ministry. I understand they will be leaving on _____ from _____ and will return on _____. In case of emergency, I give the Event Leader or designated representative permission to see that my student receives medical attention. I understand that I or my insurance will be responsible for needed medical attention. I release Woodlawn Student Ministry, its leaders, and affiliates from any liabilities.

■ My student HAS permission to participate in recreation activities.
■ My student DOES NOT have permission to participate in recreation activities.

Parent/Guardian Signature: _____ Date: _____