

## **MEDICAL RELEASE FORM**

(Please fill this form out and return it to Woodside Youth staff)

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_  
Physical Condition - For the most part, are you in good health?: (Yes or No \_\_\_\_\_  
Possible physical needs and ailments/ allergies: \_\_\_\_\_

Details: \_\_\_\_\_  
\_\_\_\_\_

In case of emergency, I hereby give permission to the physician selected by the Youth Sponsor to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. Although it will be the goal of the youth staff to always keep my young person safe, I realize that some of the activities that they will be a part of will require some risk and possible injury. I will not hold the youth staff, and/or Woodside Baptist Church, and/or the owner of the property liable for injury to my child.  
Parent of Guardian's name/signature \_\_\_\_\_ Date \_\_\_\_\_

## **MEDICAL RELEASE FORM**

(Please fill this form out and return it to Woodside Youth staff)

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_  
Physical Condition - For the most part, are you in good health?: (Yes or No \_\_\_\_\_  
Possible physical needs and ailments/ allergies: \_\_\_\_\_

Details: \_\_\_\_\_  
\_\_\_\_\_

In case of emergency, I hereby give permission to the physician selected by the Youth Sponsor to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. Although it will be the goal of the youth staff to always keep my young person safe, I realize that some of the activities that they will be a part of will require some risk and possible injury. I will not hold the youth staff, and/or Woodside Baptist Church, and/or the owner of the property liable for injury to my child.  
Parent of Guardian's name/signature \_\_\_\_\_ Date \_\_\_\_\_