

**Waterloo Road Baptist Church Edmond OK.**

**MEDICAL/LIABILITY FORM**

Effective January 2021 – August 2022

Please update information if insurance changes

(Please Type or Print)

<b>CHILD INFORMATION</b>			
Child's Last Name:		First:	
Birth date: / /	Age:	2020-2021 Grade:	
Parent/Guardian Email:	Child's T-shirt Size (Circle One): Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2X		
Address:	City:	State:	ZIP Code:
Parent/Guardian Name:	Persons with Permission to Pick Up Child:		
Home phone Number: (405)	Cell Phone Number: (405)	Work Phone Number: (405)	

<b>INSURANCE INFORMATION</b>			
Name of Policy Holder:			
Health Insurance Company:			
Policy or Group Number:		Phone Number:	
Is Precertification required?	Yes	No	Phone Number:

<b>STUDENT MEDICAL HISTORY</b>	
Primary Physician:	Phone no.: ( )
Please list all current medication:	
Please list any food or medication allergies:	
Date of last tetanus shot:	
Physical Restrictions:	
Dietary Restrictions:	

<b>IN CASE OF EMERGENCY</b>			
Name of local friend or relative (not living at same address):	Relationship to student:	Home phone no.:	Cell phone no.:
1.		( )	( )
2.		( )	( )

**Please complete page 2**

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**RELEASE INFORMATION**

My child, \_\_\_\_\_, may be attending various events with Waterloo Road Baptist Church, Edmond, Oklahoma, during the 2021-2022 years. I may not be attending events with my child. In the event that my child should need emergency medical attention, Waterloo Road Baptist Church and/or any one of its agents or employees is hereby authorized to provide such emergency medical care, including without limitation; medical, dental, surgical care or hospitalization, to my child as recommended or suggested by a physician, nurse, surgeon, or other healthcare professional.

If such emergency care is provided, I understand that my child's health insurance and healthcare information will be provided to the healthcare professional and healthcare institution providing care for my student. I further understand that any expense not covered by my child's medical insurance shall be my responsibility. I understand that Waterloo Road Baptist Church will not be obligated to pay either the healthcare professional or me for any medical expenses incurred on behalf of my child.

I give authority and permission to Waterloo Road Baptist Church, Edmond, Oklahoma, to transport my child to and from church sponsored activities.

There are instances when third party contractors may be used to operate and supervise various events and activities. In those instances where third party contractors are used, Waterloo Road Baptist Church, Edmond, Oklahoma, is not responsible for the action of these third party contractors. Waterloo Road Baptist Church is also not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

In consideration of my child being allowed to attend activities with or at Waterloo Road Baptist Church, Edmond, Oklahoma, I, on behalf of my child, hereby waive any and all causes of action, rights of claims or suits which I or my child may have against Waterloo Road Baptist Church Edmond, Oklahoma, its agents, contractors or employees as a result of injury to my child or arising from the decision of Waterloo Road Baptist Church Edmond, Oklahoma, or its agents, contractors or employees to consent for provision of emergency medical care to my child.

I understand that my child may be included in video highlights during the course of the year and that pictures and videos may be posted on our Waterloo Road Baptist Church ministry websites.

I give authority and permission to Waterloo Road Baptist Church, Edmond, Oklahoma, staff and its agents to inspect my child's belongings while on activities, retreats or camps for the safety of my child, other children, staff, and agents of Waterloo Road Baptist Church and all other participants.

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*