



WESTHEIGHTS STUDENTS INFO AND WAIVER FORM

2013-2014 school year

:::CONTACT INFORMATION:::

name: _____ gender: m f

age: 11 12 13 14 15 16 17 18 grade: 6 7 8 9 10 11 12

birthday: _____

address, including city and postal code:

home phone: _____

student's cell phone (if applicable): _____

student's email address: _____

parents' names: _____

parents' cell phone: _____

parents' email address(es): _____

NOTE: most contact will be via email - please check your email regularly and ensure that emails from youth@westheights.org get through your spam filter. as well, be sure to visit westheights.org everyday!

:::IN CASE OF EMERGENCY:::

emergency contact information: _____

:::PARENT/GUARDIAN AGREEMENTS:::

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Westheights Community Church, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medical attention, x-rays or treatment, parents/guardians will be notified immediately.

I give my permission for my child to take part in Westheights Students events during the 2013-2014 school year and participate in all group activities. In case of surgical emergency, I hereby give permission to the physician selected by the church to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this form.

signature of parent/guardian: _____

Westheights Students–AUTHORIZATION AND MEDICAL CONSENT

Information received is confidential and is being gathered for the purposes of attending to your child while he/she is in the care of Westheights Community Church. Any of the following medical information collected serves to authorize staff and volunteers at Westheights Community Church to obtain medical assistance for your child in case of emergency.

Child's Name: _____

Date of Birth (dd-mm-yyyy): _____

Home Address: _____ Postal Code: _____

Home Phone: (____) _____

Parent/Guardian (1) Name: _____

Parent/Guardian (1) Phone–Work: (____) _____ Mobile:(____) _____

Parent/Guardian (2) Name: _____

Parent/Guardian (2) Phone–Work: (____) _____ Mobile:(____) _____

Family Doctor: _____ Phone: (____) _____

Does your child have any life-threatening allergies? YES ___ NO ___

If yes, please explain: _____

Other allergies: _____

Is your child bringing any medication with him or her? (e.g. EpiPen, ventilator) YES ___ NO ___

If yes, please explain: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff/volunteers should be aware of? YES ___ NO ___

If yes, please explain: _____



In case of emergency, contact: _____

Relationship: _____ Home Phone: (____) _____

Mobile: (____) _____ Alternate Phone: (____) _____

The safety of your child is our primary concern. Precautions are taken for the safety and health of your child. In the event that your child requires special medication, x-rays or treatment, attempts will be made to contact parents/guardians (and if not available, the emergency contact) as soon as possible.

I/we, the parents or guardians named above, authorize one of the Westheights Community Church ministry leaders to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the child named above.

I/we named above, undertake and agree to indemnify and hold blameless Westheights Community Church, its church board, trustees, pastors, staff, employees, volunteers and contractors from and against any loss, damage or injury suffered by the child named above as a result of participating in the activities of Westheights Community Church, as well as of any medical assessment, treatment or procedures authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to or from events of Westheights Community Church.

Parent/Guardian's Signature: _____

Parent/Guardian's Printed Name: _____

Date: _____

