



Woodland Kids and Youth Ministries Permission Slip & Release Form for Minor(s)

I, parent or guardian, (please print name) _____ give permission for my minor(s) listed below to participate in events held at Woodland Baptist Church (hereafter known as 'Woodland') and trips taken with Woodland. With my signature on this page, I understand that Woodland, Chaperones, or Supervising Adults will be held harmless from all liability associated with the events held by Woodland and trips taken with Woodland. I hereby give my permission for my minor(s) to participate in events and trips associated with Woodland for the **2022 Calendar Year**. I also give permission for Woodland, Chaperones, or Supervising Adults to administer/perform medical care and admit my minor(s) to hospital care in emergency situations where care is needed (as perceived by Woodland, Chaperones, and/or Supervising Adults). I agree that my minor(s), named below, can be transported by those that Woodland approved to chaperone and act as drivers for events held by Woodland or its ministries held in the **2022 Calendar Year**. I agree to let my minor(s), named below, to be photographed and/or filmed during the **2022 Calendar Year** at events and trips held by Woodland and I agree to allow photo and/or videos to be used on websites, social media, or in any sort of promotional materials that would be used at a later date. I understand that it is my responsibility to keep Woodland up to date on medical related information for the below-named minor(s) and to the best of my knowledge have provided accurate information on the attached Medical Information Form along with a valid medical insurance card. If any information changes with the medical insurance or medical information provided (attached) I will notify Woodland by providing a new Medical Information Form to update the records. I agree to provide a viable means of transportation back to the parent or guardian in the event that my minor(s) has failed to uphold the rules of Woodland, Chaperones, or Supervising Adults when deemed necessary by the event or trip leader prior to the end of the event or trip.

Signature (Parent or Guardian): _____ Date: ____ / ____ / ____

effective entire 2022 Calendar Year
Please complete page on opposite side



Woodland Kids and Youth Ministries Medical & Personal Information

General Information for Parent(s)/Guardian(s):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Minor(s)): (_____) _____ - _____ Phone (Parent/Guardian): (_____) _____ - _____

Name of Health Insurance Company: _____

Policy #: _____

Name of Person(s) Responsible for Payment: _____

In case of emergency, notify:

1. Name: _____ Phone: (_____) _____ - _____

2. Name: _____ Phone: (_____) _____ - _____

Minor(s):

1. Name _____ Please list any medical, allergies, or behavioral issues.

2. Name _____ Please list any medical, allergies, or behavioral issues.

3. Name _____ Please list any medical, allergies, or behavioral issues.

4. Name _____ Please list any medical, allergies, or behavioral issues.

5. Name _____ Please list any medical, allergies, or behavioral issues.

I CERTIFY THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE

Signature (Parent or Guardian): _____ Date: ____ / ____ / ____