

Medical History

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student in —
☐ great health ☐ fair health ☐ poor health
2. Does your child have allergies to—
☐ pollens ☐ medications ☐ food ☐ insect bites
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
☐ asthma ☐ epilepsy / seizure disorder ☐ heart trouble ☐ diabetes
☐ frequently upset stomach ☐ physical handicap
4. Date of last tetanus shot: _____
5. Does your child wear ☐ glasses ☐ contact lenses

Woodland United Fellowship
240 N. West St. Woodland Ca 95695
530-662-2773

Medical Release & Permission Form

6. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Woodland United Fellowship. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Woodland United Fellowship, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Woodland United Fellowship, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by any church staff member.

Parent/guardian signature: _____ Date: _____

I understand that pictures and video are taken of the students throughout the year and may/will be used for brochures, fliers, newspapers, newsletters, Woodland United Fellowship website, Facebook or any other public advertisement. I give my permission.

Initial please. **Yes**_____ **No**_____