

Woodlands Church
190 Hoover Ave. Plover, WI 54467

Parental Consent Form

- I authorize Woodlands Church to take my child/children on Youth Ministry sponsored events. This consent form will be kept on file for the duration that your child/children are involved in Jr. & Sr. High Ministries. **Please note that it is your responsibility to inform us of any change in your son or daughter's health or medications. If your insurance provider changes we would need to know immediately.** *New forms can be picked up from Pat Dahlke in the SM office.*
- I hereby release Woodlands Church, its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by my child/children and myself during the course of involvement with Woodlands Church.
- I hereby agree to the performance of such treatment, anesthetics and operation as in the opinion of the attending physician is deemed necessary on my child/children.
- I have filled out an insurance information form for use by Woodlands Church and **I accept the responsibility for updating this form as the information on it changes**, expires, or becomes in any other way invalid or incorrect.
- I understand that by signing my name and my child's/children's name on this form, I have read and affirm all statements as written without changes preceding and including this statement.

Undersigned _____ Date _____

Child's/ Children's name(s) _____

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Medical Release Form

Name of child/children: _____

Please list any know allergies to foods, animals, medication, etc. (please be specific):

Please list any medical condition that child has had in the past or presently has:

INSURANCE INFORMATION:

Insurance Provider: _____ (*insurance company's name*)

Insurance Provider's phone number: (____) - ____ - _____

Type of insurance: _____ (*usually group health or medical*)

Insurance ID number: _____ Group number: _____

Insured's Name: _____ (*parent that holds the insurance*)

Policy is held under: _____ (*employer that you hold your insurance with*)

EMERGENCY CONTACT(S) INFORMATION:

➡**Notify:** _____
(Please **list a name** for each phone number if different from the name above)

Phone number: (____) - ____ - _____ 2nd number: (____) - ____ - _____

Cell phone: (____) - ____ - _____

➡**Notify:** _____
(Please **list a name** for each phone number if different from the name above)

Phone number: (____) - ____ - _____ 2nd number: (____) - ____ - _____

Cell phone: (____) - ____ - _____

I verify that this information is current and accurate. I accept the responsibility for updating this form as the information on it changes, expires, or becomes in any other way invalid or incorrect.

Signed: _____ Date: _____