

Student Worship Academy Health and Waiver Form

****Please mail a notarized copy of this form to the Baptist State Convention of NC at the address listed on the website. Keep a copy for your own records as well.****

Participant Name: _____ Grade in the Fall: _____ Age: _____

Date of Birth: ____ / ____ / _____ Gender: Male _____ Female _____

Address: _____ City: _____ State: ____ Zip: _____

Name of Church: _____

Address: _____ City: _____ State: ____ Zip: _____

In case of emergency, notify: _____

Relationship to participant: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Medical Profile

Generally, the participant's health is: _____ Excellent _____ Good _____ Fair _____ Poor (Check One)

If fair or poor, please explain the participant's condition: _____

List any medical difficulties for which the participant is being treated: _____

Check any of the following that cause the participant problems and explain:

____ Asthma ____ Sinusitis ____ Bronchitis ____ Kidney trouble ____ Hay fever
____ Heart trouble ____ Diabetes ____ Dizziness ____ Upset stomach

List any medicines or substances to which the participant is allergic: _____

List any previous operations or serious illnesses: _____

List any medications the participant takes: _____

List any special diets or needs: _____

Check any of the following childhood diseases the participant has had:

_____ Chickenpox _____ Measles _____ Whooping cough _____ Mumps

Date of last tetanus immunization: ____ / ____ / _____

Family Physician: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Subscriber Name: _____ Subscriber Number: _____

Place of Employment: _____ Phone Number: _____

Subscriber Occupation: _____

Permission for Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of First Aid to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge the Baptist State Convention of North Carolina (BSCNC), camp or event sponsor, or state conventions and their employees from any and all claims, demands, actions or causes of action, past, present or future, arising out of any damage or injury while employed by or participating in this camp or event. I agree to indemnify the BSCNC of any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in this camp or event or while on property leased or owned by the BSCNC.

Complete and sign below IN PRESENCE OF NOTARY

Students under 18 years of age require a parent/legal guardian signature. These students do not need their signature to be notarized. Students 18 or older signing this form must have their signature notarized and do not need a parent/legal guardian signature.

Participant Signature: _____ Date: ____ / ____ / ____

Parent/Legal Guardian Signature: _____ Date: ____ / ____ / ____

Notary Acknowledgement

State of _____

County of _____

I certify that the following person(s) personally appeared before me:

This _____ day of _____, 20_____

Notary Signature: _____

My commission expires: _____