

WESTERN HEIGHTS BAPTIST CHURCH
2305 West Beech Avenue, Duncan, Oklahoma 73533
Office Phone: (580) 255-3881

Health Form/ Permission Slip/Waiver of Liability

Name _____ Age _____ Birthdate _____

Parent/Guardian _____ Phone _____

Address _____

In Case of Emergency, Notify: _____

Address: _____ Phone _____

➤ Does participant have any known allergies or is he/she unable to take any medicines?

If so, what? _____

➤ Does participant presently take any medications? _____

If so, what? _____

I give my permission for (circle one: myself, my son, my daughter, my grandson, my granddaughter, my nephew, my niece, my cousin) to ride in a vehicle provided by Western Heights Baptist Church or in a vehicle provided by a Western Heights Baptist Church sponsor to travel with them in order to participate in the activity listed at the bottom of this form. Realizing that medical attention might be needed during this trip, I give the church sponsors my permission to seek and enlist medical help if such becomes necessary. In the event of an emergency regarding life or death, I give the church sponsors authority to make decisions, which I would make if I were present. I relieve the church and the sponsors of any liability in case of an accident.

Signed: _____

Date: _____

Activity: _____