



For more information call (936)524-3387  
Or log on to our website at:  
[www.woodlandswritingcamp.com](http://www.woodlandswritingcamp.com)

## Emergency Medical Release & Liability Waiver

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### EMERGENCY INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Home Phone: (\_\_\_\_)-\_\_\_\_\_

Business Phone: (\_\_\_\_)-\_\_\_\_\_ Cell Phone: (\_\_\_\_)-\_\_\_\_\_

### In an emergency when parent/guardian cannot be reached, please contact the following:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Bus Phone: (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Bus Phone: (\_\_\_\_) \_\_\_\_\_

Does the student have any:

Allergies: \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Number \_\_\_\_\_

I, the undersigned, the parent/legal guardian of \_\_\_\_\_, give permission to agents of Woodlands Writing Camp to seek medical attention for our child in the event such attention is necessary, and permission to qualified and licensed medical personnel to render such treatment as would be normal. I understand that ALL costs for such medical attention is our responsibility, and not that of Woodlands Writing Camp or any person associated with the camp.

Further, I release Woodlands Writing Camp, its agents, Community Christian Church, its employees, and its agents from liability, personally and severally, for any injuries sustained by my child.

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PRINT NAME

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SIGNATURE