

Medical Release/Permission Form

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

In Case of Emergency Notify: _____

Phone: () _____ - _____

Family Physician _____ Phone _____

Family Insurance Company _____ Policy # _____

Immunizations: _____ Tetanus _____ Polio Booster

_____ Measles _____ Mumps

PAST MEDICAL HISTORY

(Check giving pertinent information)

_____ Asthma _____ Sinusitis _____ Bronchitis

_____ Kidney Trouble _____ Heart Trouble _____ Diabetes _____ Dizziness _____ Stomach Upset

_____ Hay Fever

ALLERGIES: (LIST TYPE)

Food _____

Penicillin or other Drugs _____

Insect stings/bites _____

Poison Ivy, Oak, or Sumac _____

Previous operations or serious illnesses _____

Any Current Medications _____

PERMISSION FOR TREATMENT

My permission is granted for the Youth Minister of Village Baptist Church or other adult youth leaders in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all adult leaders and church staff of Village Baptist Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while conducting any church sponsored event.

Dated this _____ day of _____, 20____ State of _____

County of _____

Signature _____

On this _____ day of _____, 20____, personally appeared before me _____, personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this _____ day of _____, 20____. My commission expires _____.

Notary Public