

# 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

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## 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 \_\_\_\_\_

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## 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