

MEDICAL PERMISSION AND RELEASE FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

IN CASE OF AN EMERGENCY NOTIFY: _____ PHONE: _____

FAMILY PHYSICIAN _____ PHONE: (_____) _____

FAMILY INSURANCE CO. _____ (ATTACH COPY OF INSURANCE CARD)

IMMUNIZATIONS: Tetanus _____ Polio Booster _____ Measles _____ Mumps _____

PAST MEDICAL HISTORY - (Check giving appropriate information)

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble
_____ Diabetes _____ Dizziness _____ Stomach Upset _____ Hay Fever

Allergies: Food: _____

Penicillin or other drug (name): _____

Insect Stings/Bites: _____

Poison sumac, oak, or ivy: _____

Other: _____

Previous operations or serious illnesses: _____

Any current medications you are taking (list): _____

Special Diet: Name: _____

Childhood Diseases: _____ Chickenpox _____ Measles _____ Mumps _____ Whooping Cough

Other _____

PERMISSION FOR TREATMENT

My permission is granted for the Youth Minister, church leader, or any staff or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. I also grant permission to the Youth Minister, church leader, or any staff or adult present or in charge of First Aid, to dispense over the counter medicine such as Tylenol, Excedrin, or Pepto Bismol. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all church leaders from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in church activities. I agree to indemnify Church leaders for any and all claims demands, actions, or causes of actions, past, present or future arising out of any damage or injury caused by my child while participating in Church activities and / or while on the property where church activities are held.

ACCEPTABLE BEHAVIOR

We understand that it is the policy of McKinley Baptist Church concerning acceptable behavior: During church functions and on church sponsored trips, when unacceptable behavior occurs and cannot be corrected by reasonable corrective actions by the sponsor(s), the parent will be notified to come and pick up the child.

PLEASE COMPLETE AND SIGN BELOW

PARTICIPANT'S SIGNATURE _____ DATE _____

PARENT/CUSTODIAL SIGNATURE _____ DATE _____

NOTARY PUBLIC

On this the ____ 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 _____

Signature of Notary