

Fellowship Church Inc – PERMISSION AND RELEASE FORM

Name _____ Age _____ Birthdate ____/____/____
Address _____ Home phone _____
City _____ State _____ Zip _____
Parents' Names _____ Businessphone _____
In case of EMERGENCY, contact _____ phone _____
Family physician _____ phone _____
Insurance Company _____ policy number _____
Church Attendance: Fellowship Church Prairieville ___ Airline ___ Other ___
(name) _____

PLEASE FILL OUT COMPLETELY

Immunizations: (check all that apply)	Previous operations and/or serious illnesses:
Date of last Tetanus shot _____	_____
____ Polio ____ Measles	_____
____ Mumps Other (list) _____	Diabetic ____ Insulin (kind & how often) _____
_____	Asthmatic ____ Inhaler _____
Medical History: (check & list where appropriate)	Any current Medications: _____
Allergies: Food _____	Special diet (name) _____
Penicillin _____	_____
Insect Sting/Bites _____	Childhood Diseases (check all that apply)
Poison Oak ____ Sumac ____ Ivy ____	Chickenpox ____ Measles ____ Mumps ____ Whooping Cough ____
Other: _____	Other: _____

THIS INFORMATION IS VALID UNTIL DECEMBER 31, 2017

PERMISSION

I hereby give permission to the physician selected by an adult sponsor for Fellowship Church to hospitalize and secure proper treatment (including surgery) for my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Fellowship Church and chaperones 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 and outings.

In the event of a change in the medical condition of my child, I will notify the Fellowship Church, prior to my child's participating in future events. I understand I can revoke this medical release form at any time upon written notification to the church office.

Dated this ____ day of _____, in the year _____
State of _____, Parish of _____

Parent/Guardian Signature _____

When students are traveling more than one hour from Fellowship Church, notarization is required.

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

Signed: _____, Notary Public.

_____ *I give permission for my child's (or my) photo to be used in Fellowship Church Publications.*