

SUPER SUMMER MEDICAL PERMISSION AND RELEASE FORM

(1 OF 2)

Please complete all information **and attach** a copy of insurance I.D. card

Churches will bring forms to camp on Registration day. (Make another copy for church group leaders to keep)

NAME	BIRTH DATE	AGE
CHURCH	EMERGENCY CONTACT PERSON	
RELATIONSHIP	PHONE	CELL PHONE
FAMILY PHYSICIAN	PHONE	
INSURANCE COMPANY (ATTACH COPY OF I.D. CARD)	ID NO.	GROUP NO.
EMERGENCY PHONE FOR INSURANCE		

PAST MEDICAL HISTORY

Immunizations current? Yes No Date of last tetanus shot? _____

Does student have special needs (wheelchair accessibility, food allergies, etc.)? _____

Special diet? _____

Childhood diseases: Chickenpox Measles Mumps Whooping Cough
 Other: _____

Drug allergies: _____

Other allergies: _____

PRESCRIPTION MEDICATIONS: _____ CONDITION TAKEN FOR: _____

NON-PRESCRIPTION MEDICATIONS: _____ CONDITION TAKEN FOR: _____

Please list past and present illnesses: _____

Please list operations: _____

Did you attach a copy of Insurance I.D. card to this form? Yes No (if no, please explain):

Changes in medication or medical status must be reported to camp nurse at registration.

PERMISSION FOR TREATMENT (COMPLETE IF UNDER 21 YEARS OF AGE) MUST BE NOTARIZED

My permission is granted for the Super Summer Mississippi coordinator (director), assistant coordinator (director), camp nurse, or other staff person 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 sponsors and the Discipleship and Family Ministry Department of the Mississippi Baptist Convention Board 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 Super Summer Mississippi.

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

Parent's 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 _____