

Medical Release Form
Counce First Baptist Church, P.O. Box 325, Counce, TN 38326

NAME: _____ Age: _____ DOB: _____

ADDRESS: _____ City: _____ ZIP: _____

.....
In case of emergency notify: _____ Phone: _____

Family Physician: _____ Phone: _____

Family Insurance: _____ Phone: _____
.....

Immunizations current? Yes _____ No _____

Medical History: (check all that apply) Does your child have problems with:

Asthma ___ Sinusitis ___ Bronchitis ___ Kidney trouble ___ Hay Fever ___
Heart trouble ___ Diabetes ___ Dizziness ___ Stomach upset ___ Other _____
Allergies: Food or Environmental (list type) _____
Allergies: Medications (list type) _____
Insect stings/bites _____
Poison Oak/Ivy _____
Previous operations or serious illness _____
Any current medication: (list) _____

My permission is granted to COUNCE FIRST BAPTIST CHURCH, staff member, members, and/or sponsors in charge of church related activities, functions or programs to obtain necessary treatment in case of sickness or injury for my child/ward (name) _____

I/WE, being the parent(s) or legal guardians(s), do hereby agree to hold all officers, staff member(s) and/or sponsors of COUNCE FIRST BAPTIST CHURCH, free and harmless from any liability as a result of my child or ward participating in or attending any and all church related activities, functions, or programs including but not limited to the transporting of said child or ward on a church owned vehicle or officer, staff member(s), or sponsor owned vehicle.

Signature(s) of parent(s) or guardian(s): _____

Dated this _____ day of _____, _____ (year)

STATE OF TENNESSEE
HARDIN COUNTY

Sworn to and subscribed before me this _____ day of _____, _____ (year)

Notary Public

My commission expires: _____