



INDEPENDENT BIBLE CHURCH MEDICAL PERMISSION FORM

Participant's Name: _____
Last First Middle Initial

Birth date: _____ Sex _____

Parent(s)/Guardian(s): _____

Address: _____

Home Phone: _____ Work
Phone/Cell/Beeper _____

Emergency Contact (Name): _____ Phone _____

Participant's Physician: _____ Phone _____

Medical Insurance Company Name: _____ Policy
Number _____

(Include copy of card if available)

Brief Medical History

Special Medical Conditions: _____

Allergies: _____ Treatment: _____

Medications: _____ Dose and Time Taken _____

Can participant self-administer these medications? _____

Date of Last Tetanus Shot? _____

Are there any drugs (prescription or non-prescription) that should **NOT** be administered? _____
What Medication?

Should participant be restricted from any type of activity? _____ What/How? _____

Any other important information (May use back) _____

Medication to be taken must be supplied in the original container.

I certify that I, _____, am the parent, legal guardian, or other person in legal control of
_____ (participant) and request and authorize the designated staff member to
administer the above identified medication to the above identified participant in accordance with the prescription instructions
during this event.

I also authorize the designated staff member to obtain medical care for my child in the event such care is necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for payment for such care. I release IBC, its staff and agents from any damages, liability, or loss resulting from their securing in good faith medical care for my child.

Parent or Guardian Signature

Date