

2026 Medical Permission and Release Form

Burnt Hickory Church of Christ

Name _____ DOB _____ Age _____

Address _____ City _____ ST _____ ZIP _____

In case of an emergency notify: _____ Phone (_____) _____

Family Physician _____ Phone (_____) _____

Family Insurance Co. _____ Policy # _____

Member Name _____

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(s) _____

Penicillin or other drug (name) _____

Insect Stings/Bites _____

Poison sumac, oak, or ivy _____

Other: _____

Previous operations or serious illnesses _____

Physical Handicaps or Limitations _____

Any current medications you are taking (list) _____

Special Diet: (Name) _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other

(Complete Reverse Side of Page)

Permission for Treatment

My permission is granted for the minister or sponsor 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 employees of **Burnt Hickory Church of Christ** 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 any Burnt Hickory Youth Ministry Event or Activity.

Dated this _____ day of _____, 2026 State of _____

County of _____ Parent Signature _____

On this the _____ day of _____, 2026, personally appeared before me

_____, and in my presence executed the

within and foregoing permission and release form.

My commission expires _____.

Notary Public Signature _____

(Please include a copy of both sides of your Medical Insurance Card.)