

**Seagrove Baptist Church**

MEDICAL RELEASE | PERMISSION TO TREAT | MULTIMEDIA USE RELEASE FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ PHONE \_\_\_\_\_  
FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
FAMILY INSURANCE COMPANY \_\_\_\_\_ POLICY# \_\_\_\_\_  
IMMUNIZATIONS: TETANUS \_\_\_\_\_ MEASLES \_\_\_\_\_ MUMPS \_\_\_\_\_ OTHER \_\_\_\_\_

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**PAST MEDICAL HISTORY**

(Check giving appropriate information.)

\_\_\_\_\_ Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Heart Trouble  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Stomach Upset \_\_\_\_\_ Hay Fever \_\_\_\_\_ Other

Allergies: (List type) Food \_\_\_\_\_  
Penicillin or other drug (Name) \_\_\_\_\_  
Insect stings/bites \_\_\_\_\_  
Poison sumac, oak, or ivy \_\_\_\_\_  
Previous operations or serious illnesses \_\_\_\_\_

Any current medications: (List) \_\_\_\_\_  
Special Diet: (Name) \_\_\_\_\_  
Childhood Diseases: \_\_\_\_\_ Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough  
Other \_\_\_\_\_

**PLEASE MAKE A COPY OF YOUR STUDENT'S INSURANCE CARD  
AND PLACE WITH THIS RELEASE FORM**

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**PERMISSION FOR TREATMENT & MULTIMEDIA USE PERMISSION**

My permission is granted for the Counselors of Seagrove Baptist Church, or other staff person in charge to obtain necessary medical attention in case of sickness or injury to my child. I grant permission for Seagrove Baptist Church to use my child in photos and videos from events they may attend with the Church.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all chaperones, pastors, counselors, volunteers, and the Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in this church activity.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. State of \_\_\_\_\_ County of \_\_\_\_\_.

Signature \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared before me, an officer duly authorized to administer oaths and acknowledgements, \_\_\_\_\_, who is known by me or who has produced as identification \_\_\_\_\_, and who executed the foregoing power of attorney and acknowledged that he executed the same freely and voluntarily. Witness my hand and official seal at Santa Rosa Beach, Walton County, Florida this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

My commission expires: \_\_\_\_\_