

# MEDICAL RELEASE AND PERMISSION FORM

Name (First, Middle, Last):

\_\_\_\_\_

Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Age \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Wk Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

## Medical History

- |                                   |   |  |   |
|-----------------------------------|---|--|---|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Sinusitis        | <input type="checkbox"/> Heart Trouble   | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy/Seizure | <input type="checkbox"/> Stomach Trouble | Other _____                             |

## Allergies:

Food: \_\_\_\_\_ Insect Stings/Bites \_\_\_\_\_

Medication: \_\_\_\_\_ Poison Oak, Ivy etc: \_\_\_\_\_

## Previous Operations or Serious Illness:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

# Permission For Treatment

My permission is granted for \_\_\_\_\_ Baptist Church staff member or adult leader in charge of \_\_\_\_\_ to obtain necessary medical attention in case of sickness or injury for the above named student. I the undersigned, do hereby release and forever discharge all sponsors and Bel-Ridge Baptist Church, Belvedere South Carolina from any and all claims, demands, actions or cause of action, past-present-or future existing out of any damage or injury while participating in this event.

I grant permission for pictures or videos taken of the above student while attending this event to be displayed or used in future services or promotion.

Dated This \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

(Attach/photocopy insurance card on back)

\_\_\_\_\_  
Notary Signature

My Commission Expires:

\_\_\_\_\_