

First Baptist Church of Manning

49 West Boyce Street
Manning, South Carolina 29102
803-435-8136

Medical Release Form

Name _____ Age _____

Address _____ City _____ State _____

Phone Numbers _____

In case of emergency notify: _____ Phone # _____

Family Physician: _____ Phone _____

Family Insurance Co. _____ Policy # _____

Immunizations: _____ Tetanus ___ Polio Booster ___ Measles ___ Mumps

Past Medical History

___ Asthma ___ Sinusitis ___ Bronchitis ___ Kidney Trouble

___ Diabetes ___ Dizziness ___ Stomach Upset ___ Hay Fever

Allergies: _____

Previous operations or serious illnesses _____

Any current medications you are taking. Please list

Are you a member of a local church? ___ Name of church _____

May we contact you about our ministry opportunities? _____

Permission for Treatment

My permission is granted for the minister and/or sponsor in charge to obtain the 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 First Baptist Church of Manning 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 this activity Basketball Basics Camp for Girls, June 11th-14th, 2018.

Signature of parent/guardian

Date