MEDICAL RELEASE AND PERMISSION FORM

Name: _____ Birthday _____
Last First Middle

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

☐ Asthma	☐ Sinusitis	☐ Heart Trouble	☐ Kidney Trouble
☐ Diabetes	☐ Epilepsy/Seizure	☐ 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 _____ Baptist Church, _____ 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 _____, _____ Dated This _____ of _____, _____

_____ _____
Signature of Parent/Guardian Notary Signature

(Attach/photocopy insurance card on back) My Commission Expires: _____