

MEDICAL PERMISSION AND RELEASE FORM

Child's Name _____ Grade Completed _____ Age _____
Gender _____ *****T-Shirt Size - Circle Size Child's S M L or Adult S M L
Address _____ City _____ State _____ Zip _____
Church Affiliation _____
Can your child SWIM - Circle Yes NO
Case of Emergency Notify: _____ Phone _____
Family Physician _____ Phone _____
Family Insurance Company _____ Policy # _____
Immunizations: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

Medical History

___ Asthma ___ Sinusitis ___ Bronchitis ___ Kidney Trouble ___ Heart Trouble
___ Diabetes ___ Dizziness ___ Stomach Upset ___ Hay Fever

ALLERGIES:

Food _____
Penicillin or other drugs (list) _____
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 (list) _____

PERMISSION FOR TREATMENT

My permission is granted for any adult person in charge to obtain necessary medical attention in case of sickness or injury to my child while participating in this activity.

Activity: _____ Date: _____

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and the Bethel Baptist Association 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 an Association-related activity.

Dated this _____ day of _____, 20_____

Signature _____
(Parent or Legal Guardian)