

MEDICAL/PERMISSION AND RELEASE FORM 2011-2012

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Parent or Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

In Case of emergency notify: \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_



PAST MEDICAL HISTORY

(Check all that apply giving appropriate information)

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

ALLERGIES: (list type)

Food: \_\_\_\_\_

Drug: \_\_\_\_\_

Insect sting/bite: \_\_\_\_\_

Poison sumac, oak or ivy \_\_\_\_\_

Previous operations or serious illnesses: \_\_\_\_\_

Any current medications (list): \_\_\_\_\_

Special diet considerations: \_\_\_\_\_

Childhood Diseases:  Chicken Pox  Measles  Mumps  Other \_\_\_\_\_



PERMISSION FOR TREATMENT

I am aware that my son/daughter is accompanying Burnt Hickory Baptist Church, Inc. on a church-related function. I am aware of the activities that are planned and the potential risks involved in these activities and do hereby give my full permission for my son/daughter to participate in these activities UNLESS OTHERWISE NOTED. My permission is granted for the representative(s) selected by Burnt Hickory Baptist Church to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my son/daughter. I, the undersigned, do hereby verify that the above information is correct and I do hereby release, forever discharge and agree to hold harmless Burnt Hickory Baptist Church, Inc., its agents, employees, representatives, members and RADIATE Student Ministry from any and all liability, claims or demands for personal injury, sickness or death which may be incurred by my son/daughter while participating in the above described trip(s).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. State \_\_\_\_\_ County \_\_\_\_\_

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

(must sign in the presence of Notary)

For Appointed Notary Public Use Only

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, \_\_\_\_\_, and in my presence executed the within and foregoing permission and release form. (name of parent signing)

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

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

SEAL