

2010 MEDICAL PERMISSION AND RELEASE FORM
(PLEASE ATTACH A CURRENT COPY OF MEDICAL INSURANCE CARD)

NAME _____ DOB: _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
EMAIL _____
IN CASE OF EMERGENCY NOTIFY _____
HOME PHONE _____ CELL _____
FAMILY PHYSICIAN _____ PHONE _____
FAMILY INSURANCE COMPANY _____ POLICY # _____
IMMUNIZATIONS: ___ TETANUS ___ POLIO BOOSTER ___ MEASLES ___ MUMPS

PAST MEDICAL HISTORY
(CHECK APPROPRIATE INFORMATION)

___ ASTHMA ___ SINUSITIS ___ BRONCHITIS ___ KIDNEY TROUBLE ___ HEART TROUBLE
___ DIABETES ___ DIZZINESS ___ STOMACH UPSET ___ HAY FEVER

ALLERGIES: (LIST TYPE)

FOOD
PENICILLIN OR OTHER DRUG (NAME)
INSECT STINGS/BITES
POISON SUMAC, OAK, IVY

PREVIOUS OPERATIONS OR SERIOUS ILLNESSES

ANY CURRENT MEDICATIONS: (LIST)

SPECIAL DIET: (NAME)

CHILDHOOD DISEASES: ___ CHICKENPOX ___ MEASLES ___ MUMPS ___ WHOOPING COUGH

OTHER: _____

PERMISSION FOR TREATMENT

I hereby grant my permission to the pastor, associate pastor, youth minister, children's minister or other person(s) in charge to obtain 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 Forest Hills Baptist Church, 201 Dixie Trail, Raleigh, North Carolina, and chaperones from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while on any activity occurring in the year of 2010.

Date(MM/DD/YY): _____ Signature _____

State of _____

County of _____

On _____, _____, _____, _____ personally appeared before me,

_____ Who is personally known to me

_____ Whose identity I proved on the basis of _____

_____ Whose identity I proved on the oath/affirmation of _____, a

credible witness, to be the signer of the above document, and he/she acknowledged that he/she signed it.

Notary Public

My Commission expires _____