

Medical/Permission and Release Form

This Form Is Valid For All Church-Sponsored Youth Activities

Grace Baptist Church, 202 N. Kincaid Ave. Wilson NC 27893

Name: _____ Age: _____

SS#: _____ DOB: _____ Phone: _____

Address: _____ State: _____ Zip: _____

In Case of an Emergency Notify: _____

Relationship: _____ Phone: _____

Family Physician: _____ Phone: _____

Family Insurance Company: _____ Policy #: _____

Immunizations: Tetanus Polio Booster Measles Mumps Other

Past Medical History: (Check giving appropriate information)

Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes

Dizziness Hay Fever Stomach Upset Other

Allergies

Food(s): _____

Penicillin or Other Drug(s) (Name): _____

Insect Stings/Bites: _____

Poison Sumac, Ivy, or Oak: _____

Previous Operations or Serious Illness: _____

Any Current Medication(s) List: _____

Special Diet (Name): _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough

Other: _____

Permission for Treatment:

My permission is granted for the Church, Pastor, Youth Ministry Director, and other staff personnel or other adult(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 all sponsors and the Church from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in church-sponsored youth activities.

Dated this ____ day of _____, 20____ in the state of _____ County of _____.

Signature: _____ Relationship: _____

Public Notary

On this the ____ day of _____, 20____ personally known by me and in my presence, executed the within and foregoing Medical/Permission and Release form. Witness my hand and official seal.

My Commission Expires: _____