

Medical/Permission and Release Form

One Per Child Please!

Name _____ Grade _____ Child's D.O.B. ____ / ____ / ____

Address _____

In case of emergency notify _____ Phone _____

Family Physician _____ Phone _____

Family Insurance Company _____ Policy # _____

Past Medical History

Immunizations: Tetanus Polio Booster Measles Mumps

Health Conditions: Asthma Sinusitis Bronchitis Kidney Trouble

Dizziness Diabetes Hay Fever Stomach Upset Heart Trouble

Other (*Please note*) _____

Allergies: Foods _____

Medications (Penicillin or other drug) _____

Insect bites/stings _____

Poison sumac, oak or ivy _____

Previous operations or serious illnesses _____

Current medications _____

Childhood Diseases: Chicken Pox Measles Mumps Whooping Cough

Other _____

Permission for Treatment

My permission is granted to Northside Baptist Church staff members or church leaders to obtain necessary medical attention in case of sickness or injury for:

_____ (name of individual)

I/We, the undersigned, do hereby release, remise and forever discharge all sponsors and Northside Baptist Church, Murfreesboro, TN from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or inquiry while participating in the events of year 2009.

Signature of Parent/Guardian _____ Date _____

(MUST SIGN IN FRONT OF NOTARY!)

Notary _____ (necessary if under the age of 18)