

MEDICAL/PERMISSION AND RELEASE FORM

EVENT: _____ DATE(S): _____
Name _____ Age _____ DOB _____
Address _____ City _____ St. _____ Zip _____
In Case of Emergency Notify: _____ Phone _____
Secondary Contact: _____ Phone _____

Family Physician _____ Phone _____
Family Insurance Company _____ Policy # _____
Contact Person _____ Phone _____
Immunizations: _____ Tetanus _____ Polio Booster _____ Measles _____
_____ Mumps _____ Other _____

PAST MEDICAL HISTORY

(Check, giving appropriate information)

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Problems _____
_____ Heart Problems _____ Diabetes _____ Dizziness _____ Hay Fever _____
_____ Stomach Problems _____ Asthmatic Condition _____ Other _____

ALLERGIES: Food _____
(list types) Penicillin or other drugs _____
Insect Stings/Bites _____
Poison Ivy, Oak, or Sumac _____
List other types of allergies _____

Previous Surgeries or Serious Illnesses _____

Any Current Medications: (List) _____

Special Diet: (Specify) _____

Childhood Diseases: _____ Chickenpox _____ Measles _____ Mumps _____
_____ Whooping Cough _____ Other _____

SPECIAL PHYSICAL RESTRICTIONS

Please list below any and all physical restrictions that might come into play during this event.

PERMISSION FOR TREATMENT

My permission is granted to the Nashville Baptist Association and the other adult Chapterones, 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 and forever discharge all sponsors, the church, camps from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in the above named activity.

Dated this _____ day of _____, 20____.
State of _____ County of _____
Signature _____

On this the _____ day of _____, 20____, personally appeared before me _____, personally known by me, and in my presence executed the within and foregoing permission and release form, Witnessed by my hand and official seal this _____ day of _____, 20____.
My commission expires _____.

SEAL

Notary Public