

Medical Form

Participant's Name _____ DOB _____
Address _____
City _____ State _____ Zip _____
In Case of Emergency Notify _____ Phone _____
Family Physician _____ Phone _____
Family Insurance _____ Policy # _____

Medical History (check where appropriate)

Tetanus Short current not current
Do you have any of the following: Seizures Sinusitis Bronchitis Diabetes
 Kidney Trouble Dizziness Hay Fevers
Are you allergic to any of the following:
 Food (kinds) _____
 Penicillin or other drugs (name) _____
 Insect Stings/Bites
 Poison sumac, ivy or oak
 Other (specify) _____

I have been hospitalized within the past three (3) years for an operation or serious illnesses. Explain _____
List any medications you are taking (list) _____

Have you had any of the following childhood diseases:
 Chickenpox Measles Mumps Whooping Cough other (list) _____

Permission for Treatment

I hereby verify that the above information is correct. I do hereby release and forever discharge all chaperones, First Baptist Church Mount Olive from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in this ministry. By completing and signing this Medical Form, I hereby grant my permission for the designated chaperones with this group to obtain necessary medical attention, from local medical facilities in case of sickness or injury to my child.

Parent/Guardian Signature

Date

Permission Certificate

This is to certify that _____ (name of child/youth) has my permission to take part in children/youth activities at First Baptist Church Mount Olive. I understand that neither the church nor its representatives can be held responsible for accidents, and I hereby release the church and its representatives from liability in such cases. In the event of an accident or illness, I give permission for the representative/adult chaperon to seek emergency medical treatments for my child.

I also give the church permission to use photos of my child/youth for publicity purposes such as the church website and newsletters.

I do here by acknowledge that this certificate is good for one year from today's date of _____.

_____ Signature of Parent/Guardian

_____ # where I can be reached in case of emergency

_____ additional person to contact

_____ # of additional person

This form must be notarized. Do not sign it until you are in front of a notary.

Dated _____ this day of _____, _____

State of _____ County of _____

Signature _____

Sate of _____

County of _____

_____ personally appeared before me,

_____ Who is personally know to me

_____ Whose identity I proved on 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 _____