

MEDICAL PERMISSION AND RELEASE FORM 2016

Name _____ Date of Birth _____ Grade _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Parent or Guardian Name _____ Phone _____

In Case of emergency notify: _____ Phone _____

Family Physician: _____ Phone _____

Family Insurance Co. _____ Policy # _____



PAST MEDICAL HISTORY

(Check all that apply giving appropriate information)

Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes Dizziness Hay Fever Upset Stomach

ALLERGIES: (list type)

Food: _____

Drug: _____

Insect sting/bite: _____

Poison sumac, oak or ivy: _____

Previous operations or serious illnesses: _____

Any current medications (list): _____

Special diet considerations: _____

Childhood Diseases: Chicken Pox Measles Mumps Other _____



PERMISSION FOR TREATMENT

I am aware that my son/daughter is accompanying Burnt Hickory Baptist Church, Inc. on a church-related function. I am aware of the activities that are planned and the potential risks involved in these activities and do hereby give my full permission for my son/daughter to participate in these activities **UNLESS OTHERWISE NOTED**. My permission is granted for the representative(s) selected by Burnt Hickory Baptist Church to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my son/daughter. I, the undersigned, do hereby verify that the above information is correct and I do hereby release, forever discharge and agree to hold harmless Burnt Hickory Baptist Church, Inc., its agents, employees, representatives, members and RADIATE Student Ministry from any and all liability, claims or demands for personal injury, sickness or death which may be incurred by my son/daughter while participating in the above described trip(s).

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

Parent/Guardian Signature _____

(must sign in the presence of Notary)

For Appointed Notary Public Use Only

On this, the _____ day of _____, 20_____, personally appeared before me, _____, and in my presence executed the within and foregoing permission and release form. (name of parent signing)

Signature of Notary My commission expires: _____

SEAL