



## Medical/Permission and Release Form

Name \_\_\_\_\_

Address \_\_\_\_\_

In case of emergency notify \_\_\_\_\_  
Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Family Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_

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Immunizations: Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_  
Mumps \_\_\_\_\_ Other \_\_\_\_\_

### Past Medical History

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

Comments  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: Food \_\_\_\_\_  
Medication: Penicillin or other drug (name) \_\_\_\_\_  
Insect bites/stings \_\_\_\_\_  
Poison sumac, oak or ivy \_\_\_\_\_

Previous operations or serious illnesses \_\_\_\_\_  
Any current Medications \_\_\_\_\_

Childhood Diseases: Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
Whooping Cough \_\_\_\_\_ Other \_\_\_\_\_

### Permission for Treatment

My permission is granted to Matt Garrison, Youth Pastor of New Life Baptist Church, Staff Members, or Church Leaders to obtain necessary medical attention in case of sickness or injury for \_\_\_\_\_.

I/We, the undersigned, do hereby release, remise and forever discharge all sponsors and New Life Baptist Church, New Wilmington, PA 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 2010.

Dated this \_\_\_\_\_ of \_\_\_\_\_ 2010.

Signature of Parent/Guardian \_\_\_\_\_