



Medical/Permission and Release Form

Name _____

Address _____

In case of emergency notify _____

Phone _____

Family Physician _____ Phone # _____

Family Insurance Company _____

Policy # _____

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 2009.

Dated this _____ of _____ 2009.

Signature of Parent/Guardian _____