

MEDICAL/PERMISSION AND RELEASE FORM

PATIENT INFORMATION

NAME _____ SEX _____ RACE _____ MARITAL STATUS _____

ADDRESS _____ CITY _____

COUNTY _____ STATE _____ ZIP _____ TELEPHONE # _____

DATE OF BIRTH _____ STATE OF BIRTH _____ SOCIAL SEC. # _____

NEXT OF KIN

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

IN CASE OF EMERGENCY

IN CASE OF EMERGENCY CALL (8-5) _____ PHONE _____

IN CASE OF EMERGENCY CALL (HOME) _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

FAMILY INS. CO. _____ I.D. # _____ GROUP # _____

PRIMARY-NAME OF POLICY HOLDER _____ RELATIONSHIP _____

MEDICAL HISTORY

(CHECK APPROPRIATE BLANKS)

IMMUNIZATIONS:

_____ TETANUS _____ POLIOBOOSTER _____ MEASLES _____ MUMPS _____ OTHER _____

ILLNESSES: _____ ASTHMA _____ SINUSITIS _____ BRONCHITIS _____ KIDNEY TROUBLE _____ HEARTTROUBLE _____ DIABETES
_____ DIZZINESS _____ STOMACH UPSET _____ HAY FEVER _____ BROKEN BONES _____ OTHER _____

ALLERGIES (LIST TYPES)

FOOD _____ INSECT STINGS/BITES _____

POISON SUMAC, OAK, OR IVY _____

PREVIOUS OPERATION OR SERIOUS ILLNESS _____

ANY CURRENT MEDICATIONS (LIST) _____

SPECIAL DIET _____

CHILDHOOD DISEASES _____ CHICKEN POX _____ MEASLES _____ MUMPS _____ WHOOPING COUGH _____ OTHER _____

PERMISSION FOR TREATMENT

TO WHOM IT MAY CONCERN:

I GIVE MARK THREADGILL OR OTHER ADULT SPONSOR POWER OF ATTORNEY TO ACT ON MY BEHALF IN OBTAINING MEDICAL CARE FOR _____.

(CHILD'S NAME)

MY PERMISSION IS GRANTED FOR MARK THREADGILL OR OTHER ADULT SPONSOR, WHO IS FROM CENTRAL BAPTIST CHURCH TO OBTAIN NECESSARY MEDICAL ATTENTION IN CASE OF SICKNESS OR INJURY .

I/WE,DO HEREBY RELEASE, AND FOREVER DISCHARGE ALL SPONSORS AND CENTRAL BAPTIST CHURCH 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 THE EVENT LISTED BELOW.

1. (EVENT NAME) _____ DATE(S) _____.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

2. (EVENT NAME) _____ DATE(S) _____.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

3. (EVENT NAME) _____ DATE(S) _____.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

4. (EVENT NAME) _____ DATE(S) _____.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

5. (EVENT NAME) _____ DATE(S) _____.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

6. (EVENT NAME) _____ DATE(S) _____.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

7. (EVENT NAME) _____ DATE(S) _____.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____