

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. # \_\_\_\_\_

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NEXT OF KIN

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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**PERMISSION FOR TREATMENT**

**TO WHOM IT MAY CONCERN:**

I GIVE THE CENTRAL BAPTIST CHURCH ADULT SPONSOR FOR THIS TRIP POWER OF ATTORNEY TO ACT ON MY BEHALF IN OBTAINING MEDICAL CARE FOR \_\_\_\_\_.

(CHILD'S NAME)

MY PERMISSION IS GRANTED FOR THE CENTRAL BAPTIST CHURCH ADULT SPONSOR FOR THIS TRIP, 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 \_\_\_\_\_

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2. (EVENT NAME) \_\_\_\_\_ DATE(S) \_\_\_\_\_.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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3. (EVENT NAME) \_\_\_\_\_ DATE(S) \_\_\_\_\_.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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4. (EVENT NAME) \_\_\_\_\_ DATE(S) \_\_\_\_\_.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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5. (EVENT NAME) \_\_\_\_\_ DATE(S) \_\_\_\_\_.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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6. (EVENT NAME) \_\_\_\_\_ DATE(S) \_\_\_\_\_.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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7. (EVENT NAME) \_\_\_\_\_ DATE(S) \_\_\_\_\_.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_