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 CALSE 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________________________POWER OF ATTORNEY TO ACT ON MY BEHALF IN OBTAINING MEDICAL CARE

FOR____.

MY PERMISSION IS GRANTED FOR ___________, 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____DATE(S) ____________.

SIGNATURE OF PARENT/GUARDIAN______________________________DATE______________________

SIGNATURE OF PARENT/GUARDIAN______________________________DATE______________________