

Please complete both sides of this form

MEDICAL RELEASE FORM

Name _____ Age _____

Address _____ City _____ State _____

Phone _____

Family Physician _____ Phone _____

Family Insurance Company _____

Policy Number _____

Immunizations: _____ Tetanus (When _____)

PAST MEDICAL HISTORY

(Check giving appropriate information)

- Asthma Sinusitis Bronchitis Kidney Trouble
 Hay Fever Heart Trouble Diabetes Dizziness
 Stomach Problems

Other _____

Drug Allergies:

Any current medications (list): _____

PERMISSION FOR TREATMENT

My permission is granted for _____ to obtain
necessary medical attention in case of sickness or injury to my child/myself.

Signed

Date

Please complete both sides of this form

PARENTAL CONSENT FORM

Name _____ Age _____ Birth Date _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Parent(s) name _____

Business phones _____

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for our (my) child, _____ to attend and participate in the **Youth Activities, July 1, 2011 – June 30, 2012** with the First Baptist Church, Jackson, MO.

I do hereby discharge First Baptist Church of Jackson, MO from any and all claims, demands, actions, or cause of action, past, present or future arising out of any damage or injury.

Signed _____ Date _____

On the _____ day of _____ 2011 _____ personally

appeared before me and in my presence executed within and foregoing Parental Consent Form.

Witness my hand and official seal this _____ day of _____ 2011.

My commission expires _____.

Notary Public