

First Baptist Church 516 Girard St. Metropolis IL 62960
2009 Medical Permission/Release Form

Name _____ Birth date _____ Grade _____

Address _____ City _____ State _____

Telephone Number _____ Zip _____

Student's Social Security Number _____

In Case of Emergency Contact _____ Phone# _____

Emergency Contact Work Phone# _____ Cell# _____

Family Physician _____ Phone # _____

Family Physician Address _____

Family Insurance Company _____ Policy# _____

Immunizations: Tetanus _____ Polio Booster _____ Measles _____ Mumps _____

Other Imm.: _____ **Please include a copy of the insurance card**

Past Medical History (Check the box to give appropriate information)

Asthma _____ **Sinusitis** _____ **Bronchitis** _____ **Kidney Trouble** _____ **Diabetes** _____

Heart Trouble _____ Dizziness _____ Stomach Upset _____ Hay Fever _____

Other: _____

Allergies:

Food _____ **Penicillin or other drug(name)** _____

Insect stings/bites _____

Poison Sumac, Oak, or Ivy _____

Previous operations or serious illness _____

Special diet (name) _____

Childhood Diseases:

Chickenpox _____ Measles _____ Mumps _____ Whooping Cough _____

Other: _____

Permission for Treatment

I grant my permission to Cliff Easter or an adult sponsor of the Student Ministry at First Baptist Church of Metropolis to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct. I do hereby release and forever discharge all sponsors and First Baptist Church of Metropolis from any and all claims, demands, action or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in an activity. **This form is good from 01/01/2009 through 12/31/2009.**

Dated this _____ day of _____, 20____.

State of _____ County of _____.

Signature _____

On this _____ day of _____, 20____, _____ personally appeared before me _____, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this _____ day of _____, 20____. My commission expires _____