

Village Baptist Church Medical Release/Permission Form

Name _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone Number _____

Family Physician _____ Phone # _____

Family Insurance Company _____ Policy # _____

PAST MEDICAL HISTORY

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble

_____ Diabetes _____ Dizziness _____ Hay Fever _____ Heart Trouble

ALLERGIES: (list) Food(s) _____ Insects/Stings _____

Penicillin/other drugs _____ Poison Ivy/Oak/Sumac _____

Previous operations or serious illnesses _____

Any current medications _____

PERMISSION FOR TREATMENT

My permission is granted for the Youth Pastor of Village Baptist Church or any other adult youth volunteer in charge to obtain the necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all adult leaders and church staff of Village 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 conducting in any church sponsored event.

Dated this _____ day of _____, 20____ in the state of _____

County of _____.

Signature _____

On this _____ day of _____, 20____, personally appeared before me

_____, personally known by 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 _____.

Notary Public