

# Children's Medical Release & Permission Form

## First Baptist Church of Petal

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Church: 601-545-3198

### Part I: Information

Effective dates: \_\_\_\_\_

#### **Please print in ink**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

LAST, FIRST, MIDDLE

Male \_\_\_\_\_ Female \_\_\_\_\_ Grade in school \_\_\_\_\_

Parent email: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Pager \_\_\_\_\_ Cell \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Father's name \_\_\_\_\_ Phone (home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Physician \_\_\_\_\_ Office phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office phone: \_\_\_\_\_

#### **Medical History**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a--

good swimmer  fair swimmer  non-swimmer

2. Does your child have allergies to-

pollens  medications  food  insect bites

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma  epilepsy / seizure disorder  heart trouble

diabetes  frequently upset stomach  physical handicap

4. Date of last tetanus shot \_\_\_\_\_

5. Does your child wear  glasses  contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

If you answered yes to questions: 2 or 3 please give specifics here.

Should this child's activities be restricted for any reason  yes  no

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## **Part II: Medical Release & Permission**

For your information, we expect each student to conform to these rules of conduct:

No possession or use of alcohol, drugs, or tobacco

No fighting, weapons, fireworks, lighters, or explosives

No offensive or immodest clothing

Respect property

Respect one another, staff, and adult leaders

\_\_\_\_\_ has my permission to attend all activities sponsored by

**First Baptist Church of Petal** (hereinafter the 'Church').

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the child named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician.

In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Notary Seal:**

On this the \_\_\_\_\_ day of \_\_\_\_\_, 2005, personally appeared before me \_\_\_\_\_  
Personally known by me, and in my presence executed the permission slip.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 2005.

My commission expires: \_\_\_\_\_

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Notary Public