

# MEDICAL / PERMISSION AND RELEASE FORM

Last Name \_\_\_\_\_, First \_\_\_\_\_

## Patient Information:

Name \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

## Next of Kin:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

## In case of emergency

In case of emergency call (8 a.m. to 5 p.m.) \_\_\_\_\_ Phone \_\_\_\_\_  
In case of emergency call (home) \_\_\_\_\_ Phone \_\_\_\_\_  
Family physician \_\_\_\_\_ Phone \_\_\_\_\_  
Family Insurance Co. \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_  
Primary Name of Policyholder \_\_\_\_\_ Relationship \_\_\_\_\_

## Medical History

(Check the appropriate blanks)

**Immunizations:** \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Hep A \_\_\_\_\_  
Others \_\_\_\_\_

**Illnesses:** Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney trouble \_\_\_\_\_ Heart Trouble \_\_\_\_\_  
Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Stomach trouble \_\_\_\_\_ Hay Fever \_\_\_\_\_ Other \_\_\_\_\_

**Allergies** (list type): Food \_\_\_\_\_ Insect stings, bites \_\_\_\_\_ Medicine \_\_\_\_\_  
Poison sumac, oak, or ivy \_\_\_\_\_ Other \_\_\_\_\_

**Previous operation or illness:** \_\_\_\_\_

**Current medication:** (list) \_\_\_\_\_

**Special diet:** \_\_\_\_\_

**Childhood diseases:** Chicken pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping cough \_\_\_\_\_ Other: \_\_\_\_\_

To whom it may concern:

I give the Forest Hills Baptist Church power of attorney to act on my behalf in obtaining medical care for the above named student. I/we, the undersigned, do hereby release, and forever discharge all sponsors and Forest Hills Baptist Church from any and all claims, demands, actions, and cause of action, past, present, or future arising out of any damage or injury while participating in the event. This is for all event dates January 1 until December 31, 2012.

Date \_\_\_\_\_ Parent or guardian \_\_\_\_\_

Notary \_\_\_\_\_ My commission expires \_\_\_\_\_

(Include a Copy of Insurance card on back)