

First Baptist Church (2008-2009 Medical Form)

Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

In Case of Emergency Notify: _____ Phone#: _____

Family Physician: _____ Phone#: _____

Family Insurance Co: _____ Policy #: _____

Immunizations: ___ Tetanus ___ Polio Booster ___ Measles ___ Mumps ___ Other

**Past Medical History
(Check which apply)**

___ Asthma ___ Sinusitis ___ Bronchitis ___ Kidney Troubles ___ Heart Trouble ___ Diabetes
___ Dizziness ___ Stomach Problems ___ Hay Fever ___ Other

Allergies

Food: _____

Penicillin or other drugs (name): _____

Insect Stings/ Bites: _____

Poison sumac, oak, ivy: _____

Any *current* medications: _____

Special Diet: _____

Childhood Diseases: ___ Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other
Are you a swimmer: ___ yes ___ no.

Permission for treatment

Permission is granted to the Youth Pastor/Associate Pastor and Volunteer Staff from **First Baptist Church** 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, and do hereby release and forever discharge all Ministers, Staff, and Volunteers of **First Baptist Church, Church Hill, TN**, from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in church activities.

On this the _____ 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: _____

Parent or Guardian Signature: _____