



Medical/Permission and Release Form

Name _____

Address _____

In case of emergency notify _____

Phone _____

Family Physician _____ Phone # _____

Family Insurance Company _____

Policy # _____

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

Past Medical History

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____
Heart Trouble _____ Diabetes _____ Stomach Upset _____ Dizziness _____
Hay Fever _____ Other _____

Comments _____

Allergies: Food _____

Medication: Penicillin or other drug (name) _____

Insect bites/stings _____

Poison sumac, oak or ivy _____

Previous operations or serious illnesses _____

Any current Medications _____

Childhood Diseases: Chicken Pox _____ Measles _____ Mumps _____
Whooping Cough _____ Other _____

Permission for Treatment

My permission is granted to Matt Garrison, Youth Pastor of Bible Center Church, Staff Members, or Church Leaders to obtain necessary medical attention in case of sickness of injury for _____.

I/We, the undersigned, do hereby release, remise and forever discharge all sponsors and Bible Center Church, Charleston, WV from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or inquiry while participating in the student ministry during the period July 1, 2011 through June 30, 2012.

Dated this _____ of _____ 2011.

Signature of Parent/Guardian _____