



# Medical/Permission and Release Form

7/2014-6/2015

Name \_\_\_\_\_

Address \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance \_\_\_\_\_

Policy # \_\_\_\_\_

Immunizations: Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_  
Mumps \_\_\_\_\_ Other \_\_\_\_\_

## Past Medical History

Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_  
Heart Trouble \_\_\_\_\_ Diabetes \_\_\_\_\_ Upset Stomach \_\_\_\_\_  
Dizziness \_\_\_\_\_ Hay Fever \_\_\_\_\_ Other \_\_\_\_\_

Comments \_\_\_\_\_

Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

Food(s) \_\_\_\_\_

Medication(s) \_\_\_\_\_

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 or 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, 2014 – June 30, 2015.

Signature of Parent/Guardian \_\_\_\_\_

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