



Name _____

Address _____

In case of emergency notify _____ **Phone** _____

Family Physician _____ **Phone** _____

Family Insurance _____

Policy # _____

Immunizations:

Tetanus _____ Polio Booster _____ Measles _____ Mumps _____ Chicken Pox _____

Childhood Diseases:

Measles _____ Mumps _____ Chicken Pox _____ Whooping Cough _____ Other _____

Past Medical History:

Asthma _____ Sinusitis _____ Bronchitis _____ Heart Trouble _____

Dizziness _____ Hay Fever _____ Other _____ Diabetes _____

Previous operations or serious illnesses _____

Comments _____

Allergies:

Food _____ Medication _____

Insect bites/stings _____ Poison sumac, oak or ivy _____

Other _____

Current Medications _____

Permission for Treatment

My permission is granted to Matt Garrison, Pastor of Family Ministry, Josh Willetts, Pastor of Middle School Ministry, Staff Members, or Church Leaders at Bible Center Church 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 August 1, 2018 – July 31, 2019.

Signature of Parent/Guardian _____

Date: _____