

MEDICAL / PERMISSION AND RELEASE FORM
CHURCH RELATED ACTIVITIES – CDC, PRESCHOOL, CHILDREN, PRETEEN, STUDENT MINISTRIES
FIRST BAPTIST CHURCH, CONYERS, GA

NAME: _____ DATE OF BIRTH _____

ADDRESS: _____

HOME PHONE: _____

SOCIAL SECURITY NUMBER: _____

IN CASE OF EMERGENCY NOTIFY: _____

PHONE: _____

FAMILY PHYSICIAN: _____ PHONE _____

FAMILY INSURANCE: _____ PHONE _____

POLICY NUMBER: _____

ADDRESS: _____

PAST MEDICAL HISTORY

IMMUNIZATION DATES: Tetanus _____ Polio Booster _____ Measles _____ Mumps _____ Other _____

(check, giving appropriate information)

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble _____

Diabetes _____ Dizziness _____ Stomach Upset _____ Hay Fever _____ Other _____

Allergies: _____ Food _____

Insect Stings/Bites _____

Drugs or Medicines _____

Poison sumac, oak, or ivy _____

Previous operations or serious illnesses _____

Any current medications (list) _____

Special Diet (name) _____

Childhood Diseases:

Chickenpox _____ Measles _____ Mumps _____ Whooping Cough _____ Other: _____

PERMISSION FOR TREATMENT

My permission is granted for First Baptist Church of Conyers Georgia staff member or activity sponsor in charge of any/all activities for year _____ to obtain necessary attention in case of sickness or injury for my child, _____.

I/We the undersigned, do hereby release, and forever discharge all sponsors and First Baptist Church of Conyers from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in these events.

Dated this _____ day of _____, _____ State of Georgia, County of _____

S.S. # of Parent/ Guardian: _____

Signature of Parent/ Guardian

On this _____ day of _____, _____, _____ (parent) personally appeared before me _____ (notary), personally known by me, and in my presence executed the within and foregoing permission and release form.

Signature of Notary

Commission Expires, Notary Public