



# BETHESDA BAPTIST CHURCH

PO Box 157 • Ellerslie, GA 31807 • 706-561-9607

## Medical Permission and Release Form Adults/Youth/Children

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

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

Parent(s) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent(s) Work Number: \_\_\_\_\_

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### Past Medical History (Check giving appropriate information)

\_\_\_\_\_ Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Hay Fever

Allergies: Food \_\_\_\_\_  
 Penicillin or other drug (name) \_\_\_\_\_  
 Insect sting / Bites \_\_\_\_\_  
 Poison sumac, oak, or ivy \_\_\_\_\_  
 Other: \_\_\_\_\_

Previous operations or serious illnesses \_\_\_\_\_

Any current medications you are taking (list) \_\_\_\_\_

Special Diet: (Name) \_\_\_\_\_

Childhood Diseases: \_\_\_\_\_ Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Other

### Permission For Treatment

My permission is granted for the minister or sponsor in charge to obtain necessary medical attention in case of sickness or injury. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and employees of Bethesda Baptist Church from any and all claims, demands, actions or cause of action, past, present, and future arising out of any damage or injury while participating.

**Signature:** \_\_\_\_\_

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### Notary Use Only

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_

Signature \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared by me, and in my presence executed the within and foregoing permission and release form.