

MEDICAL/PERMISSION AND RELEASE FORM

NAME _____ AGE _____ GRADE COMPLETED _____ T-SHIRT SIZE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
IN CASE OF EMERGENCY NOTIFY _____ WORK PHONE:(____) _____
HOME PHONE:(____) _____
FAMILY PHYSICIAN _____ PHONE:(____) _____
FAMILY INSURANCE COMPANY _____ POLICY# _____
IMMUNIZATIONS: ___ TETANUS ___ POLIO BOOSTER ___ MEASLES ___ MUMPS ___
OTHER _____

PAST MEDICAL HISTORY

(check box to give appropriate information)

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

(List Other) _____

ALLERGIES: Food _____

Penicillin or other drug (name) _____

Insect stings/bites _____

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 (list): _____

MY CHILD HAS PERMISSION TO SWIM: YES NO

PERMISSION FOR TREATMENT

My permission is granted for the individuals with Calvary Baptist Church to obtain necessary medical attention in case of sickness or injury to my child.

Dated this _____ of _____, 20____.

State of _____ County of _____

Parent Signature _____

On this the ___ day of _____, 20____, personally appeared before me _____,
personally know by me, and in my presence executed the within and foregoing permission form.

Witness my hand and official seal this _____ day of _____, 20____. My commission expires _____.

Notary Public