

**Medical/Permission and Release Form**  
**This Form Is Valid For All Church-Sponsored Youth Activities**

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

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

In Case of an Emergency Notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Family Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Past Medical History: (Check giving appropriate information)

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

Allergies: Food(s): \_\_\_\_\_

Penicillin or Other Drug(s) (Name): \_\_\_\_\_

Insect Stings/Bites: \_\_\_\_\_

Poison Sumac, Ivy, or Oak: \_\_\_\_\_

Previous Operations or Serious Illness: \_\_\_\_\_

Any Current Medication(s) List: \_\_\_\_\_

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

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

**Permission for Treatment:**

My permission is granted for the \_\_\_\_\_ Church, Pastor, Minister of Music, Youth, and other staff personnel or other adult(s) in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and the Church from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in a church-sponsored youth activity.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ in the state of \_\_\_\_\_ County of \_\_\_\_\_.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ personally known by me and in presence, executed the within and foregoing Medical/Permission and Release form. Witness my hand and official seal.

My Commission Expires: \_\_\_\_\_

Notary Public