

**DEERMEADOWS BAPTIST CHURCH
MEDICAL / PERMISSION AND RELEASE FORM
(VALID January 1, 2019 through December 31, 2019)**

MEDICAL HISTORY / PERMISSION FOR TREATMENT

NAME _____ BIRTHDAY ____ / ____ / ____

ADDRESS _____ PHONE (____) _____ - _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY # _____ - _____ - _____ AGE _____

IN CASE OF EMERGENCY NOTIFY: _____

HOME PHONE _____ WORK PHONE _____ MOBILE _____

MEDICAL HISTORY

FAMILY PHYSICIAN _____ PHONE (____) _____ - _____

FAMILY INSURANCE _____ POLICY # _____
(company name)

IMMUNIZATIONS ____ Tetanus ____ Polio Booster ____ Measles ____ Mumps
 ____ Other _____

PAST MEDICAL HISTORY (Check Appropriate Information. Note any that are Current):

Asthma ____ Sinusitis ____ Bronchitis ____ Diabetes ____ Hay Fever ____

Kidney Trouble ____ Heart Trouble ____ Dizziness ____ Stomach Upset ____

Other _____

Any That Are Current? _____

ALLERGIES: Food _____

 Penicillin or other drug (List Names) _____

 Poison Ivy, Oak, Sumac _____

 Insect Stings / Bites (Which Insects?) _____

Previous operations or serious illness _____

Any current medication (list) _____

(All Prescription Meds MUST Have a Pharmacy Label, Name of Doctor and Dosage Instructions)

Special diet? _____

Childhood Diseases: Chickenpox ____ Measles ____ Mumps ____ Whooping Cough ____

Other _____

My permission is granted for the Deermeadows Baptist Church coordinator or other church representative to obtain necessary medical attention in case of sickness or injury to my child, including emergency surgery.

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



(Initials _____) I authorize agents of Deermeadows Baptist Church to provide legal representation for my son or daughter in the event that any legal representation may be needed.

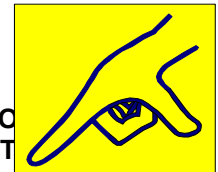
PHOTO RELEASE. It is understood that by participating in DBC Student Ministry events, your son or daughter will most likely appear in photographs that pertain to these events. Parent's or Guardian's signature below indicates approval of photos to be taken and displayed in DBC Student Ministry locations, which include: DBC Youth hallway, DBC Student Ministry brochures, DBC Church Website and/or DBC Student Ministry website, Parents-of-Youth Information Center, slideshows and/or video used to present events to church parishioners.

I also agree that the above mentioned church representatives are to exercise authority regarding my student's behavior and conduct. I have explained to my student that he or she is fully under the church representatives' authority during this activity.

PARENT or GUARDIAN SIGNATURE _____

RELATIONSHIP TO YOUTH _____

STUDENT SIGNATURE (IF 18 or Over) _____



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ATTACH A PHOTO COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD