

Medical/Permission and Release Form
This Form Is Valid For All Church-Sponsored Youth Activities
FBC Waycross, GA
702 Elizabeth St. Waycross, GA 31501

Name: _____ Age: _____
SS#: _____ DOB: _____ Phone: _____
Address: _____ State: _____ Zip: _____
In Case of an Emergency Notify: _____
Relationship: _____ Phone: _____
Family Physician: _____ Phone: _____
Family Insurance Company: _____ Policy #: _____
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 _____, 20__ in the state of _____ County of _____.
Signature: _____ Relationship: _____

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

My Commission Expires: _____

Notary Public