

Appendix B

Main Street Baptist Church

Medical Information and Release Form

Student's Name _____ Age _____ DOB _____

Address _____ City/St/Zip _____

Parent/Guardian _____ Phone _____

Family Physician _____ Phone _____

Family Insurance Provider _____ Policy # _____

Are immunizations current? (especially tetanus)

Past Medical History (check appropriate information):

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble

Diabetes _____ Dizziness _____ Stomach Upset _____ Hay Fever

----- Other (please explain)

Allergies: (please list specific allergy and treatment necessary).

Food _____

Penicillin or other drug (name) _____

Insect stings/bites _____

Other _____

Previous surgeries or serious illnesses: _____

Childhood diseases: _____ Chicken pox _____ Measles _____ Mumps

Other (please explain) _____

Special diet: _____

Any current medications student is taking (list) _____

My permission is granted for Main Street Staff and Parents-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 Main Street Staff, employees, and parents from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in youth events. I assume full financial responsibility for and agree to pay all expenses relating to medical treatment.

Permission for pictures on church publicity materials:

Your children may be photographed and/or videotaped during a church sponsored program and placed in church publications, the newspaper or on the Main Street Baptist Church website.

Please indicate below indicating that you give/do not give permission for video clips and photos of your child in church publications, the newspaper, or on the Main Street Baptist Church website.

_____ I give permission for photographs and video clips of my child to be used for publicity purposes.

_____ I do not give permission for photographs and video clips of my child to be used for publicity purposes.

I further agree that if my son or daughter creates a disciplinary problem necessitating early return from an event, I will be responsible for all related costs.

Parent
Signature _____ Date _____