

TULIP GROVE BAPTIST CHURCH
MEDICAL/PERMISSION AND RELEASE FORM

Participant's Name _____ Date of Birth ___/___/___ Current Grade in School _____
Address of Participant _____ City _____ State _____ Zip _____
Parent/Legal Guardian Name _____ Address (if different) _____
City _____ State _____ Zip _____ Email Address _____
In case of emergency notify: _____ Phone Numbers: Home (____) _____
Work (____) _____ Mobile (____) _____ Other (____) _____

Medical Profile (Continue on back if necessary)

Generally, Participant's Health is: (Check One) Excellent _____ Good _____ Fair _____ Poor _____
If Fair or Poor, please explain your condition: _____
List any medical difficulties for which you are currently being treated: _____
Check any of the following that cause you problems and explain: Asthma _____ Sinusitis _____ Bronchitis _____
Kidney Trouble _____ Heart Trouble _____ Diabetes _____ Dizziness _____ Stomach Upset _____ Hay Fever _____
List any medicines or substances to which you are allergic: _____
List any previous operations or serious illnesses: _____
List any medications you are currently taking: _____
List any special diet or special needs: _____
Childhood Diseases: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____ Other _____
Date of Most Recent Tetanus Immunization: ___/___/___
Family Physician _____ Phone (____) _____
Health Insurance Co. _____ Policy # _____
Subscriber Name _____ Subscriber Number _____ Place of Employment _____
Subscriber Occupation _____ Work Phone (____) _____

PERMISSION FOR TREATMENT – Tulip Grove Baptist Church Activities

My permission is granted for the trip coordinator or adult sponsors 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 Tulip Grove Baptist Church 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 Tulip Grove Baptist Church activities.

Dated this _____ day of _____, 20___ Parent/Legal Guardian Signature _____

PERMISSION FOR PHOTOGRAPHY – Tulip Grove Baptist Church Activities

By participating in the ministries of Tulip Grove Baptist Church, I understand my child's picture may be taken and used for publicity. This may include but is not limited to brochures, newspapers, and church website.

Dated this _____ day of _____, 20___ Parent/Legal Guardian Signature _____

NOTARY ACKNOWLEDGEMENT

On this the _____ day of _____, 20___, personally appeared before me _____, personally known by me, and in my presence executed the within and forgoing permission and release form. Witness my hand and official seal this _____ day of _____, 20___.

Notary Public _____

My commission expires _____