

# Student Ministry Medical Permission-Release Form

Marshall Baptist Church † 436 Marshall Church Rd. † Thomson, GA 30824 † 706-595-6235

---

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

## IMMUNIZATIONS

Tetanus       Polio Booster       Measles       Mumps

Other: \_\_\_\_\_

## PAST MEDICAL HISTORY

(Check the box to give appropriate information)

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

## ALLERGIES

FOOD \_\_\_\_\_

PENICILLAN OR OTHER DRUGS (NAME) \_\_\_\_\_

INSECT STINGS/BITES \_\_\_\_\_

POISON SUMAC, OAK OR IVY \_\_\_\_\_

PREVIOUS OPERATIONS OR SERIOUS ILLNESS \_\_\_\_\_

SPECIAL DIET (NAME) \_\_\_\_\_

## CHILDHOOD DISEASES

Chickenpox       Measles       Mumps       Whooping Cough

Other \_\_\_\_\_

# Marshall Baptist Church

## PERMISSION FOR TREATMENT & RELEASE FOR PHOTOS

### PARENT OR GAURDIAN

I grant my permission to the Student Minister of Marshall Baptist Church or an adult sponsor of the Student Ministry at Marshall Baptist Church to obtain necessary medical attention in case of sickness or injury, as well as supervision rights to \_\_\_\_\_ (Students Name)

I grant permission for Marshall Baptist Church to publish pictures of the above-mentioned student on the church's website or in the church's press releases, publicity information, or newsletters or bulletins. I understand that if I give notice to the church that I object to any particular picture on the website, it will be removed as soon as possible.

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

The expiration day of this form is \_\_\_\_\_(Date)

Dated this \_\_\_\_ day of \_\_\_\_\_ (Month), \_\_\_\_\_(Year).

State of Georgia, \_\_\_\_\_ county

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

### NOTARY

On this \_\_\_\_ day of \_\_\_\_\_ (Month), \_\_\_\_\_(Year), the above named personally appeared before me \_\_\_\_\_ (Notary's Name), 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 \_\_\_\_\_ (Month), \_\_\_\_\_(Year).

My commission expires \_\_\_\_\_ (Date)

Signed \_\_\_\_\_ (Notary Public)