

**Canton First Baptist , One Mission Point , Canton, GA 30114**

**2018 Medical Permission/Release Form**

**\*Please attach a copy of your child's insurance coverage.\***

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
In Case of Emergency Notify \_\_\_\_\_ Phone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ 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 \_\_\_\_\_  
Penicillin or other drug (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: \_\_\_\_\_

**Permission for Treatment**

I grant my permission to the Children's Minister, or any adult sponsor of First Baptist Canton to obtain necessary medical attention in case of sickness or injury, as well as, supervision rights to my child.

I, the undersigned, do hereby verify that the above information is correct. I do hereby release and forever discharge all sponsors and First Baptist Canton 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 on this form is December 31, 2018.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

Parent Signature \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared before me \_\_\_\_\_, personally known by me, and in my presence executed the with-  
in and foregoing permission and release form. Witness my hand and official seal.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public