



2017 Medical Permission and Release Form
First Christian Church * 1100 Killarney Drive * Greenville, IL 62246

Name: _____ Date of Birth: _____ Age: _____
Parent/Guardian name and phone #: _____ (_____) _____
Parent/Guardian name and phone #: _____ (_____) _____
Address: _____
City: _____ State: _____ Zip: _____
Participant Phone # (_____) _____
In case of an emergency, notify (someone other than a parent): _____
Phone # (_____) _____ Relationship: _____
Family Physician: _____ Phone # (_____) _____
Family Insurance Co: _____ Policy # _____
Immunizations (date): Tetanus _____ Polio Booster _____ Measles _____ Mumps _____

Past Medical History

Check all that apply, giving appropriate information:
Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble _____ Diabetes _____
Dizziness _____ Stomach Upset _____ Hay Fever _____
Comments: _____
Allergies: Foods: _____
Penicillin or other drug (name): _____
Insect Stings/Bites: _____
Poison sumac, oak, or ivy: _____
Other: _____
Previous operations or serious illnesses: _____
Any current medications you are taking (list): _____

Special Diet: _____
Childhood Diseases: Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other: _____

Permission for Treatment

My permission is granted for the minister or sponsor 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 employees of First Christian Church from any and all claims, demand, actions, or causes of action past, present, or future, arising out of any damage or injury while participating in any and all **2017** activities.

I, the undersigned parent/guardian, acknowledge that I am primarily responsible to any health care provider for services rendered to and on behalf of my minor children. I promise to pay such expenses and consent to our insurance company listed above to be billed. Further, I, the undersigned, agree to indemnify and hold harmless the Greenville First Christian church for any financial responsibility for any such medical care.

Please have this notarized

Signature: _____ Date: _____

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

My commission expires _____, _____, Notary Public.