

PERMISSION AND EMERGENCY MEDICAL INFO. MEDICAL RELEASE FORM

I hereby grant permission for my son / daughter,
to attend activities sponsored by

Building Church
P.O. Box 22243
Huntsville, AL 35814

This includes permission to transport my son/daughter to and from such activities. I understand that these activities will be chaperoned by an adult sponsor of said organization. I further grant permission to those in charge to seek any medical attention necessary in an emergency.

I hereby release and hold harmless Building Church, it's employees, and representatives from all liability for any accidents that may occur before, during, or after said activities.

This permission shall remain in effect until _____, unless sooner revoked in writing and delivered to said agent(s).

Signature of parent or legal guardian

Date

EMERGENCY MEDICAL INFORMATION

Full Name			

Address	City	St	Zip
_____	_____	_____	_____
Birthdate	Age		
_____	_____		
Home Phone	Father's Work Phone		
_____	_____		
Mother's Work Phone	_____		
_____	_____		
Insurance Company	_____		
_____	_____		
Agent	_____		
_____	_____		
_____	_____		

Doctor's Name			

Address	City	St	Zip
_____	_____	_____	_____
Doctor's Office Phone			

Doctor's Home Phone			

Emergency Phone Number			

Emergency Phone Number			

Insurance Card #			

Policy #			

- An attack of appendicitis Y N
- Asthma or hay fever Y N
- Hernia (rupture) Y N
- Rheumatic fever Y N
- Diabetes Y N
- Does he/she take insulin Y N
- Poliomyelitis Y N
- Heart trouble Y N
- Severe allergies Y N
- Scarlet fever Y N
- Significant disease,
injury, or operation Y N

Is he/she subject to:

- Sinus trouble Y N
- Fainting spells Y N
- Ear trouble Y N
- Convulsions Y N
- Poison ivy, oak, or sumac Y N
- Reaction to penicillin Y N
- Nervousness or easily upset Y N
- Allergy to aspirin Y N
- Is he/she under medical care
requiring medication Y N
- Is his/her activity restricted due
to medical reasons Y N

Date of last tetanus shot _____