

Morningview Baptist Church
Student Ministry

Parental Consent & Medical Release Form

Participant Name _____ AGE _____ Date of Birth _____
SSN# _____ Address _____

City _____ State _____ ZIP _____
In case of Emergency notify: _____ Phone numbers:
Home: (____) _____ Work: (____) _____ Mobile(____) _____
Other: (____) _____

Medical Profile

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 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: ___Chickenpox___ Measles ___ Mumps ___ Whooping Cough ___ Other _____

Date of Tetanus Immunization: ___/___/___

Family Physician _____ Phone(____) _____

Insurance Co. _____ Policy # _____

Subscriber Name: _____ Subscriber Number _____ Place of Employment _____

Subscriber Occupation: _____ Work Phone: _____

Medical & Liability Release

My permission is granted for the staff or other volunteer adult representatives of Morningview Baptist Church in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. We (I) authorize the approved adult(s), in whose care my minor (child) has been entrusted To secure medical attention for our child in the event that it is deemed necessary.

I, the undersigned, do hereby verify that all the above information is correct and I do hereby Release and forever discharge Morningview Baptist Church, its staff, its agents, its volunteers and assigns from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in a Morningview Baptist Church sponsored event/activity. I understand that my child must follow guidelines and rules set out by the chaperones or supervising adults For my child's safety and I have informed them of the same. I hereby state that I am the parent or legal Guardian of said child.

Parent/Guardian Signature: _____

Date: _____