

**DEERMEADOWS BAPTIST CHURCH  
MEDICAL / PERMISSION AND RELEASE FORM  
(VALID April 1, 2021 through December 31, 2021)**

**MEDICAL HISTORY / PERMISSION FOR TREATMENT**

NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ AGE \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:** \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

**MEDICAL HISTORY**

FAMILY PHYSICIAN \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_

FAMILY INSURANCE \_\_\_\_\_ POLICY # \_\_\_\_\_  
(company name)

**IMMUNIZATIONS** \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
Other \_\_\_\_\_

**PAST MEDICAL HISTORY (Check Appropriate Information. Note any that are Current):**

Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Diabetes \_\_\_\_\_ Hay Fever \_\_\_\_\_

Kidney Trouble \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Dizziness \_\_\_\_\_ Stomach Upset \_\_\_\_\_

Other \_\_\_\_\_

Any That Are Current? \_\_\_\_\_

**ALLERGIES:** Food \_\_\_\_\_

Penicillin or other drug (List Names) \_\_\_\_\_

Poison Ivy, Oak, Sumac \_\_\_\_\_

Insect Stings / Bites (Which Insects?) \_\_\_\_\_

Previous operations or serious illness \_\_\_\_\_

Any current medication (list) \_\_\_\_\_

(All Prescription Meds MUST Have a Pharmacy Label, Name of Doctor and Dosage Instructions)

Special diet? \_\_\_\_\_

Childhood Diseases: Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Other \_\_\_\_\_

My permission is granted for the Deermeadows Baptist Church coordinator or other church representative to obtain necessary medical attention in case of sickness or injury to my child, including emergency surgery.

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



(Initials \_\_\_\_\_) I authorize agents of Deermeadows Baptist Church to provide legal representation for my son or daughter in the event that any legal representation may be needed.

PHOTO RELEASE. It is understood that by participating in DBC Student Ministry events, your son or daughter will most likely appear in photographs that pertain to these events. Parent's or Guardian's signature below indicates approval of photos to be taken and displayed in DBC Student Ministry locations, which include: DBC Youth hallway, DBC Student Ministry brochures, DBC Church Website and/or DBC Student Ministry website, Parents-of-Youth Information Center, slideshows and/or video used to present events to church parishioners.

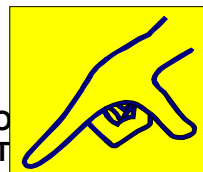
I also agree that the above mentioned church representatives are to exercise authority regarding my student's behavior and conduct. I have explained to my student that he or she is fully under the church representatives' authority during this activity.

PARENT or GUARDIAN SIGNATURE \_\_\_\_\_

RELATIONSHIP TO YOUTH \_\_\_\_\_

STUDENT SIGNATURE (IF 18 or Over) \_\_\_\_\_

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**ATTACH A PHOTO COPY OF THE FRONT AND BACK  
OF YOUR INSURANCE CARD**