

# MEDICAL RELEASE AND PERMISSION FORM

Name: \_\_\_\_\_ Birthday \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

## Medical History

<input type="checkbox"/> Asthma	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Kidney Trouble
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy/Seizure	<input type="checkbox"/> Stomach Trouble	<input type="checkbox"/> Other _____

Allergies: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_  
 Food: \_\_\_\_\_ Insect Stings/Bites \_\_\_\_\_  
 Medication: \_\_\_\_\_ Poison Oak, Ivy, etc... \_\_\_\_\_

Previous Operations or Serious Illness: \_\_\_\_\_

Is the participant currently under medical treatment?(describe) \_\_\_\_\_  
 Does the participant have any history of respiratory illness? (describe) \_\_\_\_\_  
 Name of all medications: \_\_\_\_\_

## Permission For Treatment

*As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the FCC event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the FCC event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.*

*I the undersigned, do hereby release and forever discharge all sponsors of First Christian Church, Lawrence, Kansas from any and all claims, demands, actions or cause of action, past-present-or future existing out of any damage or injury while participating in events.*

*I grant permission for pictures or videos taken of the above student while attending events to be displayed or used in future services or promotions.*

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

**\* Attach a photocopy (front/back) of insurance card**

_____ Notary Signature
My Commission Expires: _____