

North Greenwood Baptist Church

615 Grand Blvd., Greenwood, MS 38930, (662) 453-2801

Medical Permission / Release Form

Name _____ Date of Birth _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Parent's Employer _____ Phone# _____

Member of NGBC? Yes / No

Notify in an Emergency _____ Phone # _____

Family Physician _____ Phone # _____

Insurance Company _____ Policy # _____

Past Medical History

___ Asthma ___ Sinusitis ___ Bronchitis ___ Kidney Trouble ___ Heart Trouble

___ Diabetes ___ Dizziness ___ Stomach Upset ___ Hay Fever ___ Other _____

Immunization: ___ Tetanus ___ Polio Booster ___ Measles ___ Mumps ___ Other _____

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

Allergies:

Food _____ Penicillin / Drugs _____

Insect bits / Stings _____ Poison sumac, Oak or Ivy _____

Current Medication _____ Special Diet _____

Previous operations or serious illness _____

(Parents complete if child is under 18 years of age)

Permission for Treatment

I hereby authorize NGBC 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 Staff of North Greenwood Baptist Church from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in Youth Activities with North Greenwood Baptist Church.

Dated this _____ day of _____, 20__

State of _____ County of _____

Parent's / Guardians Signature _____

Notary Public Signature