

Medical Permission and Release Form

Date _____

Child's Name _____

Address _____ Zip _____

Age _____ Grade just Completed _____

Parent's Name _____ Phone _____

Business Address _____ Business Phone _____

In case of Emergency, please call: (other than Parents)

Name _____ Phone _____

Relation to child _____

Name of Physician _____ Phone _____

Address _____

Medical History – (Please complete every question)

1. Does your child have any medical problem requiring medicine? Yes _____ No _____

If yes, please describe: _____

2. Is your child allergic to any kinds of medicine? Yes _____ No _____

If yes, please list: _____

3. Is your child allergic to any foods? Yes _____ No _____

If yes, please list: _____

4. Is your child allergic to any insect bites, bee stings, etc.? Yes _____ No _____

If yes, please explain: _____

5. Has your child ever had a serious illness? Yes _____ No _____

If yes, please explain: _____

6. Date of last Tetanus shot: _____

7. Are there any physical activities in which your child should not participate?

Yes _____ No _____

Please specify: _____

8. Does your child know how to swim? Yes _____ No _____

9. Is there any other information related to your child's health that (camp) staff need to be aware of? Yes _____ No _____

Please explain: _____

10. Insurance Information:

Company _____

Policy # _____ Group Number _____

Name of insured _____ Relationship _____

**Permission is hereby granted for _____
to participate in camp PRISM July 14-17,2020 at Bonclarken Assembly, Flat Rock,
North Carolina. I understand that every precaution has been taken for his/her
safety. Under no circumstances will I hold First Baptist Church responsible for any
injury sustained while traveling or at camp. Should the need arise, I grant
permission for adult camp leaders to secure medical attention for my child and for
qualified medical personnel to perform necessary services.**

Signature of Parent or Guardian

Phone (home)

Phone (work)

Phone (cell)

Date