

**Beaver Dam Baptist Church
2017 Annual Medical Permission & Release Form**

STUDENT INFORMATION

Student's Name _____ Birthdate ____/____/____ Age ____ Grade ____
 Address _____ City _____ State ____ Zip ____
 Home Phone _____ Cell Phone _____
 E-Mail Address _____ @ _____ . _____
 Are you a member of Beaver Dam Baptist Church? ____ If no, where? _____

PARENT INFORMATION

Parent/Guardian's Name(s) _____
 Home Phone(s) _____
 Cell Phone(s) _____
 Work Phone(s) _____

MEDICAL INFORMATION

Family Physician _____ Office Phone _____
 Family Insurance Company _____ Policy Number _____
 Immunizations: ____ Polio Booster ____ Measles ____ Mumps ____ Tetanus
 Past History: ____ Asthma ____ Sinusitis ____ Bronchitis ____ Kidney Trouble ____ Diabetes ____ Heart Trouble
 Allergies: _____
 Current Medication: _____
 Other Information: _____

PERMISSION TO PARTICIPATE

In giving my child, _____, permission to attend and participate in programs and events and any of their associated activities sponsored by Beaver Dam Baptist Church during the calendar year of 2017, I the undersigned, shall assume any and all costs including transportation costs, should any arise or should it become necessary for my child to return home due to medical reasons or otherwise.

MEDICAL PERMISSION

In case of emergency, illness or injury to my child, my permission is granted for the MINISTER or another adult in charge to secure necessary medical attention as quickly as possible at the nearest medical facility and by a certified doctor or medical attendant who would be immediately available.

RELEASE

Realizing that all normal care and caution will be taken by the sponsors, I do hereby release and forever discharge the sponsors and Beaver Dam Baptist Church from any and all claims, demands, actions or cause of actions, past, present, or future arising out of any damage or injury to my child. I also agree to accept full responsibility for the payment of all medical bills incurred by my child as a result of any accident or emergency.

PARENT OR LEGAL GUARDIAN SIGNATURE:

By signing this 2017 Annual Medical Permission & Release Form I indicate that I have read, understand and agree to the statements to the left.

 Printed Name of Parent/Guardian

 Signature of Parent/Guardian

 Date