

**Parkhills Baptist Church  
Medical Release Form**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone : \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

*Emergency* Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*Contacts* Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Primary Holder: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

**Medical Information:**

Date of Last Tetanus Shot: \_\_\_\_\_ Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List any allergies or medical problems: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**List any medicines your child takes (prescription or over-the-counter):**

Name of Medicine	Frequency	Dosage
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I, the undersigned, do hereby grant permission for my child/charge to be transported with the church staff and/or chaperones and to attend any event for which I have registered. I also give my permission for a church staff member or chaperone or camp worker to seek medical attention for my child in case of an emergency. I will not hold Parkhills Baptist Church financially responsible for the emergency medical care of my child.

(Parkhills Baptist Church does not assume financial responsibility but does wish to provide emergency medical care). By signing this form, you are giving the appropriate church staff member and /or chaperone permission to call EMS to transport, or to obtain medical attention for your child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is valid for all events from January 1, 2010 through December 31, 2010.  
If any information changes, please complete a new form.