

**COLLEGE PARK BAPTIST CHURCH
MEDICAL/PERMISSION AND RELEASE FORM
(To be completed and notarized before departure)**

NAME _____ AGE _____

ADDRESS _____ ZIP _____

GRADE (if in summer, grade just completed) _____ T-SHIRT SIZE _____

In Case of Emergency Notify: _____ Phone _____

Family Physician _____ Phone _____

Family Insurance Co. _____ Policy # _____

IMMUNIZATIONS: Tetanus _____ Polio Booster _____ Measles _____ Mumps _____

Other _____ (List dates if known)

**PAST MEDICAL HISTORY
(Check giving appropriate information)**

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble _____

Diabetes _____ Dizziness _____ Stomach upset _____ Hay Fever _____ Other _____

ALLERGIES: (List type)

Food _____

Penicillin or other drug (Name) _____

Insect stings/bites _____

Poison sumac, oak, or ivy _____

Previous operations or serious illness: _____

Any current medications: (List) _____

Special Diet: (Name) _____

Childhood Diseases: Chickenpox _____ Measles _____ Mumps _____

Whooping Cough _____ Other _____

PERMISSION FOR TREATMENT AND DISCHARGE

My permission is granted for COLLEGE PARK BAPTIST CHURCH staff member or sponsor in charge of the PMBA Fall Retreat at Ridgecrest Conference Center on November 22-24, 2019 to obtain necessary medical attention in case of sickness or injury for _____ (Participant's Name). I/We, the undersigned, do hereby release, and forever discharge all sponsors and COLLEGE PARK BAPTIST CHURCH from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or inquiry while participating in the event. We further accept financial and physical responsibility for the return of our child(ren), should the adult supervision find it necessary to send him/her/them home (as applicable).

Signature of Parent/Guardian

Date

NOTARY

_____ County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document for the purpose stated therein and in the capacity indicated: _____

Date: _____

Official Signature of Notary
Notary's printed or typed name, _____

(Official Seal)

My commission expires: _____