

**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 Junior Senior Retreat in Gatlinburg, TN on January 18-20, 2020 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: \_\_\_\_\_