

MEDICAL PERMISSION/RELEASE FORM

Island View Baptist Church
900 Park Avenue, Orange Park, FL 32073

Please type or print all information

Participant's Name _____

Street & No. _____ City _____ State _____ Zip _____

Phone _____ Date of Birth _____ Age _____ Social Security No. _____

Parent/Guardian _____ Work Phone _____

In case of emergency notify _____ Phone _____

Doctor's Name _____ Phone _____

Event Name _____ Event Dates _____

Health Questions (Check & give dates which apply)

German Measles		Frequent Colds		Fainting		Convulsions	
Poliomyelitis		Sinusitis		Kidney Trouble		ChickenPox	
Diabetes		Mumps		Sore Throats		Stomach Upsets	
Athlete's Feet		Rheumatic Fever		Abscessed Ears		Bedwetting	
Measles		Heart Trouble		Whooping Cough		Bronchitis	
Constipation		Sleepwalking		Tuberculosis			

Allergies (Check & List If Appropriate)

Foods		Bee Stings		Other Insect Bites	
Drugs		Wasp Stings		Ivy, Oak or Sumac Poisoning	

Any operations or serious injuries? _____

Should camper's activities be restricted in any way? _____

List details of any communicable disease the camper has been exposed to during the preceding 21 days? _____

Permission For Treatment

My permission is granted for **Official Island View Baptist Church Representatives** or other staff persons to obtain necessary medical attention in case of sickness or injury to my child. I, undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge, all sponsors and the **Island View Baptist Church** from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in any and all youth activities.

Participant (or Guardian) X _____

Witness X _____

Parent/Guardian X _____

Date _____

Subscribed and sworn to before me by _____, the Parent/Guardian who is personally known to me or who has produced _____ (type of identification) as identification, and by _____, a witness who is personally known to me or who has produced _____ (type of identification) as identification on _____, 20____.

X _____

Signature of Notary Public

Name Typed, Printed or Stamped

My Commission Expires