

# MEDICAL AND LIABILITY RELEASE FORM

## FIRST BAPTIST CHURCH SULLIGENT ALABAMA

### CHILD INFORMATION

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone (       ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Grade \_\_\_\_\_ Social Security # \_\_\_\_\_

### PARENT INFORMATION

Mother/Guardians Name \_\_\_\_\_

Address \_\_\_\_\_ Phone(       ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone(       ) \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Phone(       ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone(       ) \_\_\_\_\_

### MEDICAL INFORMATION

(check box to give appropriate information)

Asthma    Sinusitis    Bronchitis    Kidney Trouble    Diabetes    Dizziness

Heart Trouble    Stomach Upset    Hay Fever    Other

Allergies:    Food \_\_\_\_\_    Poison Sumac, oak, ivy \_\_\_\_\_

                  Insect Bites \_\_\_\_\_    Penicillin/Antibiotic \_\_\_\_\_

Previous operations or serious illnesses: \_\_\_\_\_

Any current medications \_\_\_\_\_

Special diet: \_\_\_\_\_

Childhood diseases:    Chicken Pox    Measles    Mumps    Other: \_\_\_\_\_

