

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: _____

