

TMBC Student Medical/Release Form

Name: _____ Gender: _____ Age: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Parent or Guardian: _____

Home #: _____ Work #: _____

Emergency Contact: _____ #: _____

List known food allergies:

List known medicine allergies:

List medicines taken currently:

List any physical or emotional disorders, known medical conditions, or serious illness (Epilepsy, ADD, Diabetes, Asthma, Seizures, etc):

Immunizations: (Dates) _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

Insurance Company: _____

Insurance Individual Number: _____

Insurance Group Number: _____

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician selected by the church staff to hospitalize and secure treatment (in surgery) for my child or myself (if applicable). I accept full responsibility for my child in placing him/her under the care of the church staff. I hereby waive any and all claims or rights of action against **Taylor Memorial Baptist Church**, or any of their representatives for any accident or injury en route or during the activity.

Dated this the _____ day of _____, 20_____

Parent/Guardian Signature: _____

Notary Signature: _____ Commission Expires _____