

2022 Medical Permission and Release Form

Name of Church: **First Baptist Church- Enid, Oklahoma**

Name _____ Age _____ D.O.B. ____/____/____

Address _____ City _____ St _____ ZIP _____

In case of an emergency notify: _____ Phone #'s: _____ secondary #: _____

Family Physician _____ Phone (____) _____

Family Insurance Co. _____ Policy # _____ Phone (____) _____

Immunizations: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

Past Medical History

(Check giving appropriate information)

____ Asthma ____ Sinusitis ____ Bronchitis ____ Kidney Trouble ____ Heart Trouble

____ Diabetes ____ Dizziness ____ Stomach Upset ____ Hay Fever

Allergies: Food _____

Penicillin or other drug (name) _____

Insect Stings/Bites _____

Poison sumac, oak, or ivy _____

Other: _____

Previous operations or serious illnesses _____

Any current medications you are taking (list) _____

Special Diet: (Name) _____

Childhood Diseases: ____ Chickenpox ____ Measles ____ Mumps ____ Whooping Cough ____ Other _____

Permission for Treatment

My permission is granted for the minister or sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge all sponsors and employees of First Baptist Church, Enid from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in activities, events, programs, mission trips, fellowships, etc.

Dated this ____ day of _____, 20____

State of _____ County of _____

Parent (Guardian) Signature _____



Expires December 31st, 2022