Oakland Baptist CHURCH
Medical/Permission Form
Please attach a photocopy of insurance form or card

Student Information

Student Name _____ Age _____ Date of Birth _____

SS# _____

Address _____ City _____

St _____ ZIP _____

In case of an emergency notify: _____

Phone Numbers - Home: (___)_____ Work: (___)_____ Cell:(___)_____

Medical Profile

Generally, student's Health is: (Check one) _____Excellent _____Good _____ Fair _____Poor

If Fair or Poor, Please explain your condition: _____

_____

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems and explain: Asthma _____ Sinusitis_____ Bronchitis_____

Kidney Trouble _____ Heart Trouble_____ Diabetes_____ Dizziness_____ Stomach Upset_____ Hay Fever_____

Explain above:_____

_____

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses:_____

List any medications you are currently taking:_____

_____

List any special diet or special needs:_____

Childhood Diseases: ___Chickenpox ___Measles _____Mumps _____Whooping Cough_____Other_____

Date of last tetanus immunization: ____ / ____ / _____

Family Physician:_____ Phone:_____

Insurance Co.:_____ Policy # _____

Subscriber Name: _____ Subscriber Number:_____ Place of Employment:_____

Subscriber Occupation:_____ Work Number:_____

Permission for Medical Treatment, Release, and Indemnity

I, _____give my permission for Oakland Baptist Church Youth Minister, church official, or adult present or in charge of First Aid, 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 Oakland Baptist Church, the Youth Minister, or Pastor from any and all claims, demands, actions, or causes of action, past, present, or future arising out of any damage or injury while participating in this event. I agree to indemnify Oakland Baptist Church for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in this event. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature).

Student's Signature: _____ Date: _____ / ____ / _____

Parent/Guardian Signature: _____ Phone: (_____) _____ Date:_____ / ____ / _____