

**2020-2021 Medical Permission/Release Form  
Canton First Baptist, One Mission Point, Canton, GA 30114**

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
In Case of Emergency Notify \_\_\_\_\_ Phone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_

**> > PLEASE ATTACH A COPY OF YOUR CHILD'S INSURANCE CARD. < <**

**Allergies** None \_\_\_\_\_  
Food \_\_\_\_\_  
Drugs/Medication \_\_\_\_\_  
Insect stings/bites \_\_\_\_\_  
Poison Sumac, Oak, Ivy or other plants \_\_\_\_\_

**Dietary Needs** \_\_\_\_\_

**Check up-to-date immunizations** Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
Other \_\_\_\_\_

**Past Medical History** None \_\_\_\_\_  
Note approximate year of last episode, if applicable.  
Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Trouble \_\_\_\_\_  
Dizziness \_\_\_\_\_ Diabetes \_\_\_\_\_ Hay Fever \_\_\_\_\_ Heart Trouble \_\_\_\_\_  
Stomach Upset \_\_\_\_\_ Other \_\_\_\_\_  
Previous operations or serious illness \_\_\_\_\_

**Childhood Diseases** None \_\_\_\_\_  
Note approximate year, if applicable.  
Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chickenpox \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
Other \_\_\_\_\_

**Permission for Treatment**

I grant my permission to the Student Pastor, or an adult sponsor of Canton First Baptist to obtain necessary medical attention in case of sickness or injury, as well as, supervision rights to my child.

I, the undersigned, do hereby verify that the above information is correct. I do hereby release and forever discharge all sponsors and Canton First Baptist from any and all claims, demands, action or cause of action, past, present or future arising out of any damage or injury while participating in any activity.

The expiration date on this form is August 1, 2021.

Dated this (day) \_\_\_\_\_ of (month) \_\_\_\_\_, (year) \_\_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

Parent Name (print) \_\_\_\_\_ Parent Signature \_\_\_\_\_

**NOTARY MUST WITNESS SIGNATURE**

**Notary**

On this \_\_\_\_\_ day of \_\_\_\_\_, 2020, Parent Name \_\_\_\_\_ personally appeared before me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal.

Notary Public \_\_\_\_\_ Stamp with expiration date

