

2021-2022 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 Yes _____ No _____ Insurance Co. _____ Policy# _____

> > PLEASE ATTACH A COPY OF YOUR 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.

I grant permission for photos of my child to be taken and published in CFB literature, media, websites and social media.

The expiration date on this form is August 1, 2022.

Dated this (day) _____ of (month) _____, (year) _____.

State of _____ County of _____

Parent/Adult Name (print) _____ Parent/Adult Signature _____

NOTARY MUST WITNESS SIGNATURE

Notary

On ____ day of _____, _____, Parent/Adult
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

