

**Cuthbert First Baptist Church Registration
Medical Permission and Release Form**

Child's Name: _____ **Grade Completed:** _____ **Age:** _____
Gender: _____ *****T-Shirt Size – (Circle Size) Child's (S M L) or Adult (S M L)**
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Church Affiliation: _____
Can your child SWIM - Circle Yes - No
Case of Emergency: Notify: _____ Phone: _____
Family Physician: _____ Phone: _____
Family Insurance Company: _____ Policy Nbr: _____
Immunizations: _____ Tetanus, _____ Polio Booster, _____ Measles, _____ Mumps,
_____ Other (list) _____

Medical History

_____ Asthma, _____ Sinusitis, _____ Bronchitis, _____ Kidney Trouble _____ Heart Trouble,
_____ Diabetes, _____ Dizziness, _____ Stomach Upset, _____ Hay Fever
_____ Other (list) _____

ALLERGIES:

Food _____
Penicillin or other drugs (list) _____
Insect stings/bites _____
Poison sumac, oak, or ivy _____

Previous operations or serious illnesses: _____
Any current medications (list): _____
Special Diet (name): _____
Childhood Diseases: _____ Chickenpox, _____ Measles, _____ Mumps, _____, Whooping Cough,
_____ Other (list) _____

Permission for Treatment

My permission is granted for any adult person in charge to obtain necessary medical attention in case of sickness or injury to my child while participating in this activity.

Activity: _____ Date: _____

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and the Cuthbert First Baptist Church of Cuthbert, GA 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 an Church-related activity.

Dated this _____ day of _____, 20_____

Signature _____
(Parent or Legal Guardian)