

KNOLLWOOD BAPTIST CHURCH

MEDICAL INFORMATION AND RELEASE FORM

YOUTH FULL NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY

STATE

ZIP

PARENT/GUARDIAN NAME: _____ PHONE: _____

PARENT/GUARDIAN NAME: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

MEDICAL INFORMATION

DATE OF LAST TETANUS VACCINE: _____

LIST ANY ALLERGIES TO MEDICATIONS, FOODS, or ENVIROMENTAL FACTORS:

DOES YOUTH HAVE:

- ASTHMA
- SEIZURE DISORDER
- DIABETES
- OTHER MEDICAL ISSUE THAT MIGHT AFFECT ABILITY TO PARTICIPATE IN YOUTH ACTIVITIES

You may be asked to provide an Asthma Action Plan made in consultation with your child's physician or a similar document for other medical conditions.

PERMISSION/AUTHORIZATION

Should emergency medical treatment be necessary, I authorize Joshua Godwin, YOUTH MINISTER of KNOLLWOOD BAPTIST CHURCH, to act on my behalf and approve appropriate treatment. I agree to assume financial responsibility for all expenses of such care not covered by medical insurance.

PARENT/GUARDIAN SIGNATURE

DATE
(permission valid for one year)