



**Medical Release and  
Permission Form  
2011-2012**

<b>Student</b>		
Date of Birth _____	Age _____	Sex _____
Grade _____	Height _____	Weight _____

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address of parent \_\_\_\_\_

	Father/Guardian	Mother/Guardian	Emergency Contact
<b>Emergency</b>	Name		
	Address		
	Home Phone		
	Work Phone		
	Cell Phone		
<b>Insurance</b>	Person responsible for medical expenses:		
	Company		Plan Number
	Address		Group Name/Number
			Insured's name & ID Number
	Family Physician	Phone	
<b>Medical</b>	Allergies (Please list food, medications, animal, etc.):		
	Reaction to Allergens		
	Date of last tetanus shot:		
	Restricted activities:		
	Swimming restrictions:		
	History (check all that apply):		
<input type="checkbox"/> Asthma <input type="checkbox"/> Sinusitis <input type="checkbox"/> Bronchitis <input type="checkbox"/> Kidney trouble <input type="checkbox"/> Heart trouble <input type="checkbox"/> Physical Handicap <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Stomach upset <input type="checkbox"/> Dizziness <input type="checkbox"/> Convulsions <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Mumps <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Hay Fever <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Ivy Poisoning <input type="checkbox"/> Penicillin allergy <input type="checkbox"/> Insect/Bee Sting <input type="checkbox"/> Measles <input type="checkbox"/> Chicken Pox			

**IMPORTANT:** Please notify a kids or student ministry staff member if your child has been exposed to any communicable disease during the three weeks prior to the activity.

This health history is correct so far as I know, and the person herein named has permission to engage in all activities unless specified under "Restricted Activities." I testify that my child is of good physical and mental health and is capable of participating in the activities. If medical treatment is necessary, I hereby give permission to a Tri-Lakes Chapel Church sponsor, to secure proper medical treatment which may include, but not be limited to, hospitalization, surgery, ordering of injection, anesthesia, etc. for the person named on this form.

My child \_\_\_\_\_ has permission to participate with Tri-Lakes Chapel ("church") or attend, all 2011/2012 Student Activities. While I understand that the Church will take all reasonable steps to provide individual care and safety for my child, I am aware that the Church or their employees or agents cannot assume any responsibility for an injury, damage or harm which might result during the course of any activity during functions so sponsored. In consideration of permitting my child to participate, I agree that full responsibility will remain with me, as parent or guardian of my child. Should any claim be asserted by any person as the result of the acts of my claim against the Church or its employees or agents, I agree to indemnify and hold the Church harmless from any such claim, including attorney fees and costs incurred by the Church in defense thereof. I further authorize medical treatment of my child in the event of illness or injury sustained in my absence while my child participates in the course of activities provided by the Church.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_