



**MEDICAL RELEASE / PERMISSION FORM
FOR 2012**

PERSONAL INFORMATION

NAME _____ BIRTHDATE _____ AGE _____

PARENT(S) NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

FATHER'S WORK # _____ HOME PHONE # _____

MOTHER'S WORK # _____ HOME PHONE # _____

EMAIL ADDRESS: _____

IN EMERGENCY NOTIFY _____ PHONE # _____

FAMILY PHYSICIAN _____ PHONE # _____

FAMILY INSURANCE COMPANY* _____ POLICY # _____

CHURCH AFFILIATION _____

MEDICAL HISTORY

(Check and give appropriate information)

ALLERGIES: FOOD: _____ INSECT STINGS/BITES: _____

DRUGS: _____ POISON OAK, IVY, ETC: _____

OTHER: _____

PREVIOUS OPERATIONS/SERIOUS ILLNESSES: _____

ANY CURRENT MEDICAL CONCERNS: _____

ANY CURRENT MEDICATIONS: _____

SPECIAL DIET: _____

PERMISSION FOR TREATMENT/ PERMISSION TO RIDE CHURCH VEHICLES

My permission is granted for a staff member or an adult of Rocky Creek Baptist Church to obtain necessary medical attention in case of sickness or injury for myself or my child. **My permission is also given for my child to ride the church bus or other vehicles used for transportation for children and/or church activities for any and all events within a 30 mile radius.**

I, the undersigned, do hereby verify that the above information is correct and I hereby release and forever discharge all sponsors and the Rocky Creek Baptist Church of Forsyth, Georgia, 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 this activity, event, and/or trip.

DATED THIS _____ DAY OF _____, 20___. STATE OF _____,
COUNTY OF _____
SIGNATURE(S) _____

Does Rocky Creek Baptist Church have your permission to put pictures of your child on our facebook page and/or our website?

Yes _____
No _____

Signature_____