

**Monroeville Community Church**  
**2456 Tilbrook Road**  
**Monroeville, PA 15146**  
412-372-1333 phone  
412-372-2549 fax



Denny Pyles, Pastor  
Jason Gurnari, Associate Pastor

---

---

**Activity Permission and Medical Release Form**

(Must be completed for each child)

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

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

In Case of Emergency Notify: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Family Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Immunization: \_\_\_ Tetanus \_\_\_ Polio Booster \_\_\_ Measles \_\_\_ Mumps

\*\*\*\*\*

**Past Medical History**

\*\*\*\*\*

(Check giving appropriate information)

\_\_\_ Asthma \_\_\_ Sinusitis \_\_\_ Bronchitis \_\_\_ Kidney Trouble \_\_\_ Heart Trouble \_\_\_ Diabetes

\_\_\_ Dizziness \_\_\_ Stomach Upset \_\_\_ Hay Fever

Allergies: Food \_\_\_\_\_  
Penicillin or other drug (name) \_\_\_\_\_  
Insect Stings / Bites \_\_\_\_\_  
Poison sumac, oak or ivy \_\_\_\_\_  
Other \_\_\_\_\_

Previous operations or serious illness: \_\_\_\_\_

Any current medications you are taking (list): \_\_\_\_\_  
\_\_\_\_\_

Special Diet: (Name) \_\_\_\_\_

Childhood Diseases: \_\_\_ Chicken Pox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Whooping Cough \_\_\_ Other

I give my permission for my child to participate in Youth activities during the time from Sept 1, 2005 – Aug 30, 2006. In case of an accident or injury to my child, I do give the adults in charge of the activity my permission to give necessary first aid and / or the right to seek medical help from a doctor or at a nearby hospital. I will in no way hold any of the adults, nor the church responsible.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date