



Activity Name: _____ Activity Date: _____

Activity Permission and Medical Release Form
(Must be completed for each child)

Name _____ Grade _____ Age _____

Address _____ City _____ State _____ Zip _____

In Case of Emergency Notify: _____ Phone _____

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 the above mentioned Children's / Youth activity sponsored by Monroeville Community Church. 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 voluntarily assume all risk of any accident or injury to my child, which may arise out of participation in this program; hereby intending to release Monroeville Community Church, including any other personnel associated with the program from any liability that may result from their participation.

Signature of Parent or Guardian

Date