

MEDICAL AND LIABILITY RELEASE FORM

FIRST BAPTIST CHURCH SULLIGENT ALABAMA

CHILD INFORMATION

Child's Name _____ Age _____ Birth Date _____
Address _____ Phone () _____
City _____ State _____ Zip Code _____
Grade _____ Social Security # _____

PARENT INFORMATION

Mother/Guardians Name _____
Address _____ Phone() _____
City _____ State _____ Zip Code _____
Employer _____ Work Phone() _____

Father/Guardian Name _____
Address _____ Phone() _____
City _____ State _____ Zip Code _____
Employer _____ Work Phone() _____

MEDICAL INFORMATION

(check box to give appropriate information)

Asthma Sinusitis Bronchitis Kidney Trouble Diabetes Dizziness

Heart Trouble Stomach Upset Hay Fever Other _____

Allergies: Food _____ Poison Sumac, oak, ivy _____

Insect Bites _____ Penicillin/Antibiotic _____

Previous operations or serious illnesses: _____

Any current medications _____

Special diet: _____

Childhood diseases: Chicken Pox Measles Mumps Other: _____

