



First Baptist Church  
of Sedalia

# Children's Medical Release & Permission Form

200 E. 6th St. Sedalia, MO 65301

This form is valid for any church sponsored activities until the parent/guardian or the church discredits its authorization. The party discrediting its validation is responsible for notifying the other immediately. The parent/guardian is also responsible for updating any of the information when changes occur.

Name \_\_\_\_\_ Sex: F  M  Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Parent or Legal Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

If not available in an emergency notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

I \_\_\_\_\_, having legal custody of \_\_\_\_\_,  
(Name of Parent/Guardian) (Name of Minor)

who resides with me at the above address, am entrusting the care of him/her to the adults responsible for the program sponsored by the church.

I do hereby release all sponsors and First Baptist Church, Sedalia, MO, from any and all claims arising out of any damage or injury while participating in church sponsored events.

Nothing in this document shall be construed to prevent recovery from insurance company for any insured loss under the terms of any insurance policy up to the limits of the policy.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

## Medical Information

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

Immunizations:  Tetanus  Polio Booster  Measels  Mumps  Other Date of Last Immunizations \_\_\_\_\_

**Past Medical History** (check all that apply) \_\_\_\_\_

Asthma  Sinusitis  Bronchitis  Kidney Trouble  Heart Trouble  Diabetes  Dizziness  Stomach Upset

Hay Fever  Other \_\_\_\_\_

Allergies: (please list the following)

Food \_\_\_\_\_  Penicillin or other Medications \_\_\_\_\_

Insect Sting/Bite \_\_\_\_\_  Poison Sumac, Oak or Ivy \_\_\_\_\_

Previous operations or serious illnesses: \_\_\_\_\_

List Current Medications: \_\_\_\_\_

List Special Diet: \_\_\_\_\_

Childhood Diseases:  Chickenpox  Measles  Mumps  Whooping Cough  Other \_\_\_\_\_

### **PERMISSION SLIP TO PARTICIPATE IN ACTIVITIES, FOR TRAVEL, AND MEDICAL RELEASE**

I am the parent or guardian of \_\_\_\_\_. I hereby approve and consent to them participating in any, and or all activities associated with Vacation Bible School. This is to include the transportation to and from such activities. My permission is also granted for First Baptist Church to obtain necessary medical attention for my child in case of sickness, accident, or injury. I affirm that I have the legal right to issue such consent. In case of emergency, I understand every effort will be made to contact me.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_