

Lake View Bible Church

Medical Permission and Release Form

January 1, 2010 through December 31, 2010

Name _____ Birthdate _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

In Case of Emergency Notify _____ Phone _____

Family Physician _____ Phone _____

Family Insurance _____ Policy # _____

Immunizations: Tetanus _____ Polio Booster _____ Measles _____ Mumps _____

Other _____

Past Medical History

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney _____ Heart _____

Diabetes _____ Dizziness _____

Allergies Please List

Food _____

Penicillin _____

Insects _____

Any Current Medications _____

Childhood Diseases _____

Permission For Treatment And Discharge

My permission is granted for **Lake View Bible Church** staff member and or sponsor in charge to

obtain necessary medical attention in case of sickness or injury for _____ (Participant's Name)

I/We, the undersigned, do hereby release, and forever discharge all sponsors **and Lake View Bible Church** from any and all claims, demands, actions or cause of action, past, present, or future arising out of damage or inquiry while participating in any event. We further accept financial and physical responsibility for the return of our child(ren), should adult supervision find it necessary to send him/her/them home (as applicable)

Signature of Parent or Guardian
Date