

Medical Permission and Release Form

Name of Youth: _____ Age: _____
Address: _____ City: _____ Zip: _____
In Case of Emergency Notify: _____ Phone: _____
Family Physician: _____ Phone: _____
Family Insurance company: _____ Phone: _____
Policy Number: _____ Personal ID Number: _____
Immunizations: Tetanus: _____ Polio Booster: _____ Measles: _____ Mumps: _____
Please list others: _____

Past Medical History

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble
_____ Diabetes _____ Dizziness _____ Upset Stomach _____ Hay Fever

Allergies: Food: _____
Penicillin or other drug: _____
Insect Stings: _____
Poison Ivy, Oak, Sumac: _____
Other: _____

Previous operations or Serious Illness: _____

Any Current Medications: _____

Childhood Diseases: Chicken Pox _____ Measles _____ Mumps _____ Whooping
Cough _____ Others _____

Permission for Treatment

My permission is granted to Poquoson Baptist Church and any adult set in charge by the church, to obtain necessary medical attention in case of sickness or injury.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release the care of my teenager to Justin Ham, or any other adult in charge, while participating in Poquoson Baptist Church’s Youth Ministry.

Dated this _____ day of _____, 200__; State of Virginia
City/ County _____ Signature _____

Power of Attorney good until the listed date of graduation: _____

On this the _____ day of _____, 2007 personally appeared
before me _____, personally executed the within and forgoing
permission and release form. Witness my hand and official seal this _____ day of
_____, 2007.

My commission expires: _____

Notary Public: _____