

Medical Release Form

These forms are to be completed by parent/legal guardian of the participant. Please print clearly.

Participant's Name _____ Age _____ DOB _____

Address _____
Street City State Zip

Participant's most recent tetanus immunization _____
Year

List all Known Medical Conditions, including Food Allergies and/or Drug Allergies:

List any and *all* Prescription Drugs (frequency and amount) and/or Over-the-Counter (frequency and amount) *taken regularly*.

Ex. Plavix 75mg once a day

Any prescription drugs used by student on a regular school day must be taken on trip. All medications must be in its original container and clearly labeled with the child's name, name of prescription and directions for administering the medication. No medication will be given against instructions on label.

I give my permission for Liberty Park Baptist Church designated medical personnel to administer the following over-the-counter medications as deemed necessary. Dosages will be administered according to directions on the bottles.

Please place a mark beside the over-the-counter medication your child has permission to receive if necessary.

_____ Headache/Fever-Tylenol
_____ Upset Stomach-Pepto-Bismol
_____ Sinus Congestion-Claritin/Benadryl/Mucinex
_____ Allergic Reaction-Benadryl
_____ Sore Throat-Lozenges
_____ Other _____

_____ Diarrhea-Immodium
_____ Menstrual Cramps-Advil/Midol
_____ Cough/Sore Throat-Robitussin
_____ Motion Sickness-Dramamine
_____ Heartburn-Tums

_____ has my permission to participate in all activities of any nature sponsored by Liberty Park Baptist Church for the year 2010. There are no apparent health contraindications in limiting my child's performance or ability to participate.

Parent/Legal Guardian's Name _____

Address _____
Street City State Zip

Phone Numbers Home: (____) _____ - _____
Mom's Cell: (____) _____ - _____
Mom's Work: (____) _____ - _____
Dad's Cell: (____) _____ - _____
Dad's Work: (____) _____ - _____

Please include a copy of insurance card (front and back).

Physician's Name _____

Physician's Phone _____

Name of Insurance Company _____

_____ Insurance Policy Number _____ Insurance Group Number

Please list two emergency contacts (someone we could call in the event of an emergency if we could not get in touch with the parent/legal guardian).

_____ Emergency Contact #1 Name _____ Home Phone _____ Cell Phone

_____ Emergency Contact #2 Name _____ Home Phone _____ Cell Phone

In the event of an emergency requiring medical treatment (illness or accidental injury), I, the undersigned, hereby grant permission for any and all medical attention to be administered to my child by Liberty Park Baptist Church Chaperones or their deemed medical personnel.

_____ Parent/Legal Guardian Signature _____ Date