

# MEDICAL PERMISSION FORM

Emmanuel Baptist Church Youth Department

I hereby give my permission for any qualified medical personnel or hospital to treat my son or daughter in case of injury or illness. The consent of the youth pastor or other adults serving in an official capacity of the Emmanuel Baptist Church shall be sought. I shall be notified as soon as possible regarding any treatment or medication administered to my child. Emmanuel Baptist Church shall not be held liable for any injury or illness. **Any medication that your student will be taking should be registered with the youth pastor.**

Date \_\_\_\_\_, 20\_\_\_\_

Name of Son/Daughter Covered \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Current School Grade \_\_\_\_\_

Family Physician:

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

Insurance Company \_\_\_\_\_ Policy No. (we **MUST** have this \_\_\_\_\_)

Does your child wear contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child take medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Allergic to Penicillin? Yes \_\_\_\_\_ No \_\_\_\_\_

Other Allergies \_\_\_\_\_

## Physical Limitations

1. \_\_\_\_\_

2. \_\_\_\_\_

Signed \_\_\_\_\_

Mother/Father/Legal Guardian

Signed \_\_\_\_\_

Mother/Father/Legal Guardian

## Recreational Limitations

1. \_\_\_\_\_

2. \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Any other emergency phone numbers \_\_\_\_\_

**Note: Please fill this out once and it will be kept on file for the year. If anything changes or needs to be added, please submit an updated form. Thank you.**