

**Swamp Mennonite Church**  
**Medical/Permission and Release 2022-2023**  
***This form is valid for all church sponsored children's events***  
(Please Print Legibly)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Church you attend: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Best phone number for parent: \_\_\_\_\_

Email: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Concerns/Hospital  
Preferences: \_\_\_\_\_

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

Primary Care Physician and Number: \_\_\_\_\_

Any physical restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_ (please give details on back)

Emergency Contact and Number: \_\_\_\_\_

Is this child covered by personal/family medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Insurance Co: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

\_\_\_\_\_ (Initial/Circle one) I GIVE/DO NOT GIVE my permission for my child's photographic image to be used by Swamp Mennonite Church only for its information, outreach activities, and facebook page.

**Permission for Treatment:** My permission is granted for any adult(s) in charge to obtain necessary medical attention in case of sickness or injury to my child.

**I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Swamp Mennonite Church from any and all claims, demands, actions or causes of actions, past, present, or future arising out of any damage or injury while participating in a church-sponsored children's activity.**

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