

Swamp Mennonite Church
Medical/Permission and Release 2023-2024
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: _____

Additional people approved for dropoff/pickup: _____

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: _____