Swamp Mennonite Church
Medical/Permission and Release 2026-2027
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 your 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 and outreach activities.
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: _____