

Swamp Mennonite Church
Medical/Permission and Release 2018-2019
This Form Is Valid For All Church-Sponsored Activities
(Please print legibly)

Child's Name _____ Birth date _____

Address _____

Child's School _____ Current Grade _____

Church Child Attends _____

Names of Parents/Guardians _____

Home Ph. # _____ Work # _____ Cell # _____

Email: _____

Allergies _____

Medical concerns/Hospital Preference _____

Current medications _____

Family Doctor _____ Ph.# _____

Any physical restrictions? Yes _____ No _____ (please give details on back of this form)

Emergency Contact Person _____ Ph.# _____

Is child covered by personal/family medical insurance? Yes _____ No _____

Name of Insured _____ Insurance Co. _____

Policy # _____ Group # _____

_____ (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 action, past, present, or future arising out of any damage or injury while participating in a church-sponsored youth activity.

SIGN _____

DATE _____