

**KLIC Medical/Permission & Release Form**  
**First Baptist Church**  
**Taylorsville, MS**

Name: _____		Age: _____	Grade: _____
DOB: _____	Phone: _____	Email: _____	
Address: _____		State: _____	Zip: _____
Emergency contact: _____			
Relationship: _____		Phone: _____	
Family Physician: _____		Phone: _____	
Family Insurance: _____		Policy #: _____	
Church Affiliation: _____			

<b>Past Medical History: (Check giving appropriate information)</b>
Asthma __ Sinusitis __ Bronchitis __ Kidney Trouble __ Heart Trouble __ Diabetes __ Dizziness __
Hayfever __ Stomach Upset __ Other _____

<b>Allergies:</b>
Food(s) _____
Medications: _____
Insect stings/bites: _____
Poison Sumac, Ivy, Oak: _____
Previous operations/serious illnesses: _____

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

Special Diet: \_\_\_\_\_

Childhood Diseases: Chicken pox \_\_ Measles \_\_ Mumps \_\_ Whooping Cough \_\_ Other \_\_\_\_\_

**Permission for Treatment:**

My permission is granted for the staff and adult volunteers of First Baptist Church in Taylorsville, MS to obtain 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 First Baptist Church from any and all claims, demands, action or causes of action, past, present, or future arising out of any damage or injure while participating in church-sponsored activities.

Dated, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in Smith County, Mississippi.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally known by me and in my presence, executed the within and foregoing Medical/Permission and Release form. Witness my hand and official seal.

My Commission Expires: \_\_\_\_\_

Notary Public