

**Mt. Pleasant Baptist Church**  
**MEDICAL HISTORY AND LIABILITY RELEASE – 2010/2011**

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Parent / Guardian Name \_\_\_\_\_ Email: \_\_\_\_\_

List all health problems or limitations: \_\_\_\_\_

\_\_\_\_\_ Date last tetanus injection: \_\_\_\_\_

List medications the student is taking: \_\_\_\_\_

List any allergies (food, medications, etc.): \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

If group policy, name of employer and insured: \_\_\_\_\_

Physician's name and phone #: \_\_\_\_\_

Emergency phone numbers if parents cannot be reached at home:

Parent's work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relatives or friends to call (names and numbers): \_\_\_\_\_

\_\_\_\_\_

**I give my permission to the staff and sponsors of Mt. Pleasant Baptist Church to authorize medical personnel to administer any necessary treatment in the event of an emergency. I also release Mt. Pleasant Baptist Church, its staff, and its sponsors, from any legal liability. I also promise to take responsibility for any medical cost incurred. I give my permission for my child to be transported in church sponsored vehicles, and to participate in any and all activities associated with the church.**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A copy of this authorization shall have the same force and effect as an original.**

*Thank you for taking the time to help us insure a safe and enjoyable outing for your child.*

*Mt. Pleasant Baptist Church*