

Calvary Christian Church

Medical Release & Permission Form

Effective the year of 20__

Name (Last, First, Middle): _____ Age: ____ Birthday: __/__/____

Year in School: ____ Male: ____ Female: ____ Email: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Cell: _____

Medical Insurance Provider: _____ Policy #: _____

Mother's Name: _____ Phone: _____ Cell: _____

Father's Name: _____ Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____ Cell: _____

Physician: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary add another page with details.

1. For your child's safety and our knowledge, is your child a: Good Average Non-Swimmer
2. Does your child have allergies to: Pollen Medications Food Insect bites
3. Does your child suffer from, or have ever experienced, or being treated for any of the following:
Asthma Epilepsy/Seizures Heart Trouble Diabetes
Frequent Upset Stomach Physical handicap
4. Date of last Tetanus shot: __/__/____
5. Does your child wear: Glasses Contacts None
6. Please list and explain any major illnesses your child has experienced during the last year:

Parent's Signature: _____ Date: __/__/____