

**TULIP GROVE BAPTIST CHURCH  
MEDICAL/PERMISSION AND RELEASE FORM**

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_  
Address of Participant \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Legal Guardian Name \_\_\_\_\_ Address (if different) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ In case of emergency notify: \_\_\_\_\_  
Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_  
Other (\_\_\_\_) \_\_\_\_\_

**Medical Profile (Continue on back if necessary)**

Generally, Participant's Health is: (Check One) Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_  
If Fair or Poor, please explain your condition: \_\_\_\_\_  
List any medical difficulties for which you are currently being treated: \_\_\_\_\_  
Check any of the following that cause you problems and explain: Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_  
Kidney Trouble \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Stomach Upset \_\_\_\_\_ Hay Fever \_\_\_\_\_  
List any medicines or substances to which you are allergic: \_\_\_\_\_  
List any previous operations or serious illnesses: \_\_\_\_\_  
List any medications you are currently taking: \_\_\_\_\_  
List any special diet or special needs: \_\_\_\_\_  
Childhood Diseases: Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Other \_\_\_\_\_  
Date of Tetanus Immunization: \_\_\_/\_\_\_/\_\_\_  
Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Subscriber Name \_\_\_\_\_ Subscriber Number \_\_\_\_\_ Place of Employment \_\_\_\_\_  
Subscriber Occupation \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

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**PERMISSION FOR TREATMENT FOR 2012 – YOUTH MINISTRIES ACTIVITIES**

My permission is granted for the trip coordinator or adult sponsors 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 Tulip Grove Baptist Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the 2012 Youth Ministry Activities.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2012 Parent/Legal Guardian Signature \_\_\_\_\_

**PERMISSION FOR PHOTOGRAPHY 2012 – YOUTH MINISTRIES ACTIVITIES**

By participating in the ministries of Tulip Grove Baptist Church, I understand my child's picture may be taken and used for publicity of the Youth Ministries. This may include but is not limited to brochures, newspapers, and church website.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2012 Parent/Legal Guardian Signature \_\_\_\_\_

**NOTARY ACKNOWLEDGEMENT**

On this the \_\_\_\_\_ day of \_\_\_\_\_, 2012, personally appeared before me \_\_\_\_\_, personally known by me, and in my presence executed the within and forgoing permission and release form. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 2012.

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_