

## *Fellowship Church Inc* – PERMISSION AND RELEASE FORM

Name\_\_\_\_\_Age\_\_\_\_\_Birthdate\_\_\_\_/\_\_\_\_/\_\_\_\_  
Address\_\_\_\_\_Home phone\_\_\_\_\_  
City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_  
Parents' Names\_\_\_\_\_Business phone\_\_\_\_\_  
In case of EMERGENCY, contact\_\_\_\_\_phone\_\_\_\_\_  
Family physician\_\_\_\_\_phone\_\_\_\_\_  
Insurance Company\_\_\_\_\_policy number\_\_\_\_\_  
Church Attendance: Fellowship Church Prairieville\_\_\_ South Ascension\_\_\_ Other  
(name)\_\_\_\_\_

### PLEASE FILL OUT COMPLETELY

Immunizations: (check all that apply)

Date of last Tetanus shot\_\_\_\_\_

\_\_\_\_Polio\_\_\_\_Measles

\_\_\_\_Mumps\_\_\_\_Other (list)\_\_\_\_\_

Medical History: (check & list where appropriate)

Allergies: Food\_\_\_\_\_

Penicillin\_\_\_\_\_

Insect Sting/Bites\_\_\_\_\_

Poison Oak\_\_\_Sumac\_\_\_Ivy\_\_\_

Other:\_\_\_\_\_

Previous operations and/or serious illnesses:

\_\_\_\_\_

\_\_\_\_\_

Diabetic\_\_\_Insulin (kind & how often)\_\_\_\_\_

Asthmatic\_\_\_Inhaler\_\_\_\_\_

Any current Medications:\_\_\_\_\_

Special diet (name)\_\_\_\_\_

\_\_\_\_\_

Childhood Diseases (check all that apply)

Chickenpox\_\_\_Measles\_\_\_Mumps\_\_\_Whooping Cough\_\_\_

Other:\_\_\_\_\_

THIS INFORMATION IS VALID UNTIL DECEMBER 31, 2016

### PERMISSION

I hereby give permission to the physician selected by an adult sponsor for Fellowship Church to hospitalize and secure proper treatment (including surgery) for my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Fellowship Church and chaperones 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 church activities and outings.

In the event of a change in the medical condition of my child, I will notify the Fellowship Church, prior to my child's participating in future events. I understand I can revoke this medical release form at any time upon written notification to the church office.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, in the year\_\_\_\_\_

State of \_\_\_\_\_, Parish of\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_

**When students are traveling more than one hour from Fellowship Church, notarization is required.**

On this\_\_\_\_\_ day of \_\_\_\_\_, in the year\_\_\_\_\_, personally appeared before me\_\_\_\_\_, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this\_\_\_\_\_ day of \_\_\_\_\_, in the year\_\_\_\_\_. My commission expires\_\_\_\_\_. Signed:\_\_\_\_\_,  
Notary Public.