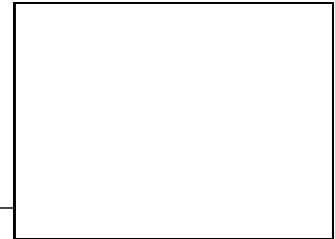


MEDICAL / PERMISSION AND RELEASE FORM



Patient Information:

Name _____ Sex _____ Race _____

Address _____ City _____

County _____ State _____ Zip _____ Telephone _____

ate of Birth _____ State of Birth _____ Soc. Sec. # _____

Next of Kin:

Name _____ Relationship _____

Address _____ City _____

State _____ Zip _____ Home phone _____ Work phone _____

In case of emergency

In case of emergency call (8 a.m. to 5 p.m.) _____ Phone _____

In case of emergency call (home) _____ Phone _____

Family physician _____ Phone _____

Family Insurance Co. _____ ID # _____ Group # _____

Primary Name of Policyholder _____ Relationship _____

Medical History

(Check the appropriate blanks)

Illnesses: Asthma _____ Sinusitis _____ Bronchitis _____ Kidney trouble _____ Heart Trouble _____

Diabetes _____ Dizziness _____ Stomach trouble _____ Hay Fever _____ Other _____

Allergies (list type): Food _____ Insect stings, bites _____ Medicine _____

Previous operation or illness: _____

Current medication: (list) _____

Special diet: _____

To whom it may concern:

I give the Lake Murray Baptist Church power of attorney to act on my behalf in obtaining medical care for the above named person. I the undersigned do hereby release, and forever discharge all sponsors and Lake Murray Baptist Church from any and all claims, demands, actions, and cause of action, past, present, or future arising out of any damage or injury while participating in an event.

I understand that my child may be photographed or videotaped during activities for promotional purposes of the Lake Murray Baptist youth group. Photos of your child may also be posted on the Lake Murray Baptist Church web site. **This is for all event dates September 1, 2011 until August 31, 2012**

Date _____ Parent or Guardian Signature _____

Notary _____ My commission expire _____

(Include a Copy of Insurance card on back)