

**2012 Crestwood Baptist Church**  
**Medical Release Form**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Birthday \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Parents' Name \_\_\_\_\_

Parents' Employer \_\_\_\_\_ Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Dad's Cell \_\_\_\_\_ Mom's Cell \_\_\_\_\_

If unable to locate parents, please notify: Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Are you taking medication or treatment now? \_\_\_\_\_ If so, what \_\_\_\_\_

Have you ever been restricted from sports or swimming for any reason? Yes No

If yes, explain \_\_\_\_\_

Have you ever had a reaction to a bee or hornet sting? Yes No

When was the date of your last tetanus toxoid immunization? (month/year) \_\_\_\_\_

Do you have (check): Sinus Trouble \_\_\_\_\_ Hay Fever \_\_\_\_\_ Heart Trouble \_\_\_\_\_  
Epilepsy \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_

List any allergies:

Food \_\_\_\_\_ Drugs \_\_\_\_\_

**Emergency Medical Authorization**

In the event of an emergency, I hereby give permission to Crestwood Baptist Church to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_