

MEDICAL RELEASE FORM

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL/HOME PHONE: (____) _____ WORK NUMBER (____) _____

BIRTH DATE: ____/____/____ AGE: _____ SCHOOL GRADE: _____

CHURCH: Evangel Baptist Church Family Pastor: Pastor Edward L Kauffman
Awana Co-Commander: Chris Shank Awana Co-Commander: Dana Shank

*****Please list any problems your child might have*****

____ Asthma ____ Seizures ____ Diabetes ____ Bee Stings

Allergies: _____

Medications (please list type and time taken): _____

Any recent injuries/operations: _____

Date of Last Tetanus Shot: _____

Medical Insurance Company: _____

Contract/Policy Number: _____ Phone #: _____

Address of Insurance Company: _____

****In case of accident or other emergency, I hereby grant permission to have authorized Medical Personnel to administer needed medical attention if necessary.**

Signature of parent/guardian _____
Date

This medical release form will be held until December 31st 2012 by Pastor Ed and Evangel Baptist Church. If any changes in your child's medical records occur within this time, please let us know.

Rev 8/11