RESURRECTION BIBLE FELLOWSHIP 14400 OLD MILL ROAD, UNIT 101 UPPER MARLBORO, MD 20772 301-780-5721

## **MEDICAL PERMISSION AND RELEASE FORM**

This form is valid for all church-sponsored youth activities.

Name:				Age:				
SS#:	D	OB:	Phone:					
Address:				_State: _		Zip:		
In case of an emer	gency notify:							
Relationship:		Phone	e:					
Family Physician:			Phone:					
Family Insurance (	Company:		Policy #:					
Immunizations:	_TetanusPolio Boos	sterMeasles _	Mumps	Oth	ner			
Past Medical Histo	ory: (Check giving appro	priate informatior	n)					
AsthmaSi	nusitisBronchitis	_Kidney Trouble _	Heart Tro	uble	_Diab	etesDi	zziness	
Hay Fever Ups	et StomachOther: _							
Allergies: Food(s):								
Penicillin or Other	Drug(s) (Name):							
Insect Stings/Bites	::							
Poison Sumac, Ivy	, or Oak:							
Previous Surgeries	or Serious Illness:							
Any Current Medi	cation(s) List:							
Special Diet (Nam	e):							
Childhood Disease	s:ChickenpoxM	leaslesMumps	sWhoop	ing Cou	gh	Other:		
Permission for me	dical treatment:							
personnel or othe child. I, the under discharge all spon	mission for the Resurred r adult(s) in charge to posigned, do hereby verify sors and Resurrection B ent, or future arising out	ursue necessary m that the above in ible Church, Inc. fo	nedical atten formation is rom any and	ntion in c s correct I all clain	ase o and I ns, de	f sickness do hereby mands, ac	or injury to m release and f tions or cause	forevo
Dated this	day of	, 20i	n the State o	of(	Count	y of		
Signature:		Rei	ationship:					