

**FLAT CREEK BAPTIST CHURCH**  
**2012 PERMISSION AND RELEASE FORM**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person in case of Emergency \_\_\_\_\_  
Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_  
Physician \_\_\_\_\_ Phone Number \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**Medical History**

Blood Type \_\_\_\_\_  
Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Trouble \_\_\_\_\_  
Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Stomach Upset \_\_\_\_\_ Hay Fever \_\_\_\_\_  
Allergies (list type)  
Food \_\_\_\_\_  
Penicillin or other drugs (name) \_\_\_\_\_  
Insect stings/bites \_\_\_\_\_  
Other \_\_\_\_\_  
Special Medical Conditions \_\_\_\_\_  
Any current medications including over the counter \_\_\_\_\_  
\_\_\_\_\_  
Special Diet \_\_\_\_\_  
Childhood Diseases: Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
Whooping Cough \_\_\_\_\_ Other \_\_\_\_\_

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My permission is granted for the Minister of Youth, a church official or chaperone in charge, to obtain necessary medical attention in case of sickness or injury to my child/myself. I understand that every effort will be made to contact me in the case of an emergency.

I, the undersigned, do hereby verify that the above information given for

\_\_\_\_\_ is correct and current. I do hereby release and  
(participant)

forever discharge all chaperones, Flat Creek Baptist Church and any ministries and ministers 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 a Flat Creek Baptist Church sponsored event, outing, or retreat.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

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On this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ the above signed personally appeared before me \_\_\_\_\_ and is known by me, and in my presence, executed the within and foregoing permission and release form.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My commission expires \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

Notary Public \_\_\_\_\_