MEDICAL HISTORY
Permission & Release

Child's Full Name _____ Age _____ T-Shirt Size _____

Child's Date of Birth _____ Grade in School:_____ School:_____

Home Address _____

Parent/Guardian Name(s) _____Home Number _____

If child does not reside with both parents, please indicate with an asterisk (*) the student's primary caregiver.

Father's Work Place _____ Work Number _____ Cell Number_____

Father's Email address_____@_____

Mother's Work Place _____Work Number _____Cell Number_____

Mother's Email Address_____@_____

Emergency Contacts

Name:_____ Phone Number:_____ Relationship:_____
Name:_____ Phone Number:_____ Relationship:_____

Medical History

Family Physician _____ Phone Number _____

Family Insurance Company _____ Policy Number _____

Name of Insured and Employer _____

Current medications _____

Special Diet _____

IMMUNIZATIONS _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps
Other: _____

PAST MEDICAL HISTORY

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney _____ Heart _____ Diabetes
_____ Dizziness _____ Upset Stomach _____ Hay Fever _____ Migraines/Headaches
_____ *Other: _____

Previous operation or serious illnesses _____

ALLERGIES

Food: _____ Insect Bites/Stings _____

Penicillin or other Drug: _____

Poison Oak or Ivy _____ *Other: _____

CHILDHOOD DISEASES _____ Chickenpox _____ Measles _____ Mumps _____ Whooping Cough

Any additional medical needs which your student has that adult supervisors should be aware of:

_____

_____

Permission for Treatment

We, the undersigned parents or legal guardian of _____, a minor, do hereby release authorization and give permission to StoneBridge Church to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify StoneBridge, its directors, employees, and agents for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. In the event of an emergency, I hereby authorize an adult leader of the children's ministry, as an agent for me, to consent to an x-ray; examination; emergency transportation; medical, dental, surgical diagnosis; treatment or hospital care advised and supervised by a physician, surgeon, or dentist, (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. We further assume responsibility for the decision so made and the emergency care or treatment so secured for our child. We understand that, given proper time and circumstances, we will be notified by phone as soon as possible when treatment is needed or secured. Furthermore, should it be necessary for the participant to return home due to a medical condition, disciplinary action, or otherwise, we assume all transportation costs involved. . We have given our consent for my child to attend events being organized by StoneBridge Church. We understand that there are inherent risks involved in any ministry or athletic event, and we hereby release StoneBridge Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of our child's involvement.

_____

Parent/Guardian Name – printed

_____ _____

Signature of Parent/Guardian *Date*

StoneBridge Church

176 Roswell Street Marietta, GA 30060

770/425-7533

STONEBRIDGE
CHURCH