

Student Medical Information:

List all medical allergies, medication being taken, medical problems, or other pertinent information _____

Allergies (food/product/environmental) _____

Other health/behavior concerns _____

Has child had Hepatitis B immunization? Yes No
Are immunizations current? Yes No
Date of last tetanus shot _____/_____/_____ (month and year)
Child needs to observe the following restrictions _____

I understand that if medical intervention is needed for this child during an activity, every attempt will be made to consult the contact person(s) listed on this form. If, however, those persons cannot be reached, I give my permission to the activity leaders to secure the services of a licensed physician or surgeon to provide medical treatment, including anesthesia, which is deemed necessary for the well-being of this child.

I understand all reasonable safety precautions will be taken at all times by Calvary Baptist Church and its agents during events, trips and activities. I also understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to release, forever discharge and hold harmless Calvary Baptist Church, its leaders, employees, and volunteer staff from any and all liability and claims for damages, losses, sickness, or injury incurred by this child.

Parent or Guardian Signature Date

Parent or Guardian Signature Date

BOTH Parent/Guardian Signatures Required above

FOR OFFICE USE ONLY Please **DO NOT** sign below when initially completing form

I have reviewed and confirm this information is current:

_____ Date	_____ Signature
_____ Date	_____ Signature
_____ Date	_____ Signature
_____ Date	_____ Signature