

MEDICAL RELEASE FORM
CITY CHURCH OF CHATTANOOGA
(This side to be filled in by parent/guardian of minors)

Name _____

Birthday(M/D/Y) _____ Sex _____ Age _____

Parent or Guardian _____ Phone _____

Home Address _____

Street _____ city/state _____ zip _____

Business Address _____ Phone _____

Second Parent or Guardian or Emergency Contact _____

Home Address _____ Phone _____

Street _____ city/state _____ zip _____

Business Address _____ Phone _____

Street _____ city/state _____ zip _____

Health History: (Check – Giving Approximate Dates)

- | | | |
|---|---|--|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Poison Ivy/Oak | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Other Drugs(List) |
| <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Chicken Pox | |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Measles | |
| <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> German Measles | |

Operation or serious injuries _____

Disability/chronic or recurring illness _____

Specific activity limited by Physician's advice _____

Dietary modifications _____

Current medications (send with instructions) _____

Other diseases or details of above _____

Name of dentist/orthodontist _____ Phone _____

Name of family physician _____ Phone _____

Date of last physical examination _____ Last tetanus shot _____

INSURANCE INFORMATION

(It is important that this be complete in case of an emergency)

Health Insurance Company _____ Policy Holder _____

Policy Number _____ Group Number _____

If any changes in the health of my child occur after the completion of this form, I understand I need to inform, in writing, the Youth Ministries.

AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR

We, the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorized adult workers with youth of City Church of Chattanooga, as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act of the medical staff of a licensed hospital, whether such a diagnosis or treatment is rendered at the office of said physician or at said hospital.

Parent(s) or Guardian(s) signature

Date Completed

YOUTH ACTIVITIES CONSENT

I (we) the undersigned parent(s) or guardian(s) of _____ (a minor) give our consent for him/her to participate in the Youth Ministries Program of City Church of Chattanooga. This consent extends to participation in activities held on the church premises as well as those held in other locations. In case of an accident or illness I will not hold the church, its paid staff, or approved volunteers liable.

I (we) understand that in the event our child would like to bring a guest to activities beyond the church premises, then permission from the guest's parents and a Medical Release Form is needed.

Parent(s) or Guardian(s) Signature

Date Completed

Parents:

We have been faced with situations where teenagers want to ride with other teenagers who are driving to activities or other local events. Please indicate below your preference.

No, I do not give permission for my son/daughter to ride with another teenager.

Yes, it is fine for my son/daughter to ride with another teenager.

Yes, it is fine, but only with _____

STATE OF TENNESSEE/COUNTY OF HAMILTON

Witness my hand and seal this _____ day of _____, 20__

Notary Public _____ My Commission expires _____