



2017 MEDICAL RELEASE FORM

www.millbrook.cc/students

Name _____
Last First M.I.

Grade as of January 2017 _____ Grade as of August 2017 _____ T-Shirt Size _____

Address _____

City _____ State _____ Zip Code _____

Parent E-mail _____

Parent Phone # (____) _____ Date of Birth _____ Do you have health insurance? ___ Yes ___ No

Name of Insurance Company _____ Policy # _____

Address of Insurance Company _____

(Please attach a copy of insurance card if you have one)

Name of Insured Person _____

Home #(____) _____ Work #(____) _____ Cell #(____) _____

Relationship to Student _____ E-mail Address _____

HEALTH HISTORY:

Please list all allergies: _____

Other
Conditions: _____ Heart Condition _____ Frequent Colds _____ Chronic Asthma
_____ Frequent Stomach Upsets _____ Hay Fever _____ Epilepsy
_____ Diabetes _____ Physical Handicap
_____ Other (please specify)

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions): _____

Date of last tetanus shot _____

(Please turn page over and complete other side)

Name and dosage of any medications that must be taken: _____

Any swimming restrictions: _____ Yes _____ No

Any other activity restrictions: _____ Yes _____ No

If so, what restrictions: _____

Physician's Name _____ Phone # (_____) _____

In Case of Emergency, Contact _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Alternate Person to Contact _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Periodically, we will be posting pictures from our student activities on the Web. Do you give your permission for your child's picture to be posted on Millbrook's Web? _____ Yes _____ No

My permission is granted for Millbrook Baptist Church staff member or adult leader in charge of _____
_____ to obtain necessary medical attention in case of sickness or injury for the
aboved named student. I the undersigned, do hereby release and forever discharge all sponsors and Millbrook Baptist
Church, Aiken, South Carolina from any and all claims, demands, actions or cause of action, past-present-or future
existing out of any damage or injury while participating in this event.

Participant's Signature

Parent or Guardian's Signature

Notary Signature

State of _____ County of _____

My commission expires _____

This form is valid from January 1, 2017 - December 31, 2017