



2019 MEDICAL RELEASE FORM

www.millbrook.cc/students

Name _____ Gender ___ Male ___ Female
Last First M.I.

Grade as of January 2019 _____ Grade as of August 2019 _____ 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 the front and back of your insurance card to this medical release form.)

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 Website and Social Media Accounts? _____ 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.

Parent or Guardian's Signature

Notary Signature

State of _____ County of _____

My commission expires _____

This form is valid from January 1, 2019 - December 31, 2019