

Living Water Baptist Church Health Record Permission Form

Note to Parent/Guardian: It is important that you complete the following Health Record. Your son/daughter must present it before attending the student activities.

Name of Student: _____ Age _____
Last First MI

Address: _____
City State Zip Date of Birth _____

Name of Medical/Health Insurance Company _____ Policy # _____

1. Does the student have any known physical defect or illness that might interfere with his/her participation in physical activities such as games? If so, please explain.
2. Does the student have any severe allergies or reactions to drugs or medicines? Explain.
3. Is the student presently taking any medications or on any special diet or exercise restrictions? If yes, Please list specific details (name of drugs, dosage, etc.).
4. Are there any emotional/social disabilities that we need to be aware of?
5. Indicate the date of last TTB (Tetanus, Dip Tox, Booster shot) _____

As _____'s parent (legal guardian), I do hereby grant full and absolute release from any liability on the part of Living Water Baptist Church, its leaders and supervisors, for youth/children's activities and trips.

This release is understood to cover any and all accidents, mishaps, and/or natural disasters which may occur during any and all phases of church activities.

Signature of Parent/Guardian Telephone (____)-____-____ (____)-____-____
Day Night

Signature of the Student

Emergency Contact Info: _____ Telephone (____)-____-____
Name Best #

Sworn to and subscribed before me this _____ day of _____

Notary Public for South Carolina Print Name

My Commission expires: _____