



**North Greenwood Baptist Church**  
 615 Grand Blvd., Greenwood, MS 38930, (662) 453-2801  
**2019 Medical Permission / Release Form**  
**Valid until December 31, 2019 for all church activities.**

North Greenwood  
BAPTIST CHURCH

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent's Employer \_\_\_\_\_ Phone# \_\_\_\_\_  
 Parent 1 Cell Phone \_\_\_\_\_ Parent 2 Cell Phone \_\_\_\_\_  
 Member of NGBC? Yes / No \_\_\_\_\_  
 Notify in an Emergency \_\_\_\_\_ Phone # \_\_\_\_\_  
 Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Past Medical History**

Asthma \_\_\_ Sinusitis \_\_\_ Bronchitis \_\_\_ Kidney Trouble \_\_\_ Heart Trouble \_\_\_  
 Diabetes \_\_\_ Dizziness \_\_\_ Stomach Upset \_\_\_ Hay Fever \_\_\_  
 Other \_\_\_\_\_

**Immunization:** Tetanus \_\_\_ Polio Booster \_\_\_ Measles \_\_\_ Mumps \_\_\_  
 Other \_\_\_\_\_

**Childhood Diseases:** Chickenpox \_\_\_ Measles \_\_\_ Mumps \_\_\_  
 Whooping Cough \_\_\_ Other \_\_\_\_\_

**Allergies:**

Food \_\_\_\_\_ Penicillin / Drugs \_\_\_\_\_  
 Insect bites / Stings \_\_\_\_\_ Poison Sumac, Oak or Ivy \_\_\_\_\_  
 Current Medication \_\_\_\_\_ Special Diet \_\_\_\_\_  
 Previous operations or serious illness \_\_\_\_\_

**(Parents Complete if child is under 21 years of age)**

**Permission for Treatment**

I hereby authorize NGBC to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Staff of North Greenwood Baptist Church from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in Youth Activities with North Greenwood Baptist Church.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Parent's / Guardians Signature \_\_\_\_\_

Notary Public Signature \_\_\_\_\_