



North Greenwood Baptist Church

615 Grand Blvd., Greenwood, MS 38930, (662) 453-2801

2020 Medical Permission / Release Form

Valid until December 31, 2020 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 _____