

Mount Hermon Baptist Church Medical Release Form for Minors

Today's Date _____
This form is valid for one year following today's date.

Child's Name _____

Address _____

City/State/Zip _____

Date of Birth _____ SSN _____

Parent/Guardian Name _____

Address (if different from above) _____

City/State/Zip _____

Employer _____

Daytime Phone _____ Evening Phone _____

Insurance Company _____ Policy No. _____

Name of Policy Holder _____ SSN _____

Are you currently taking medicine or treatment? Yes No
If yes, explain _____

Have you been restricted from sports or swimming for any reason? Yes No
If yes, explain _____

Date of last Tetanus Toxoid Immunization: Month _____ Year: _____

Have you ever had a severe reaction to a bee/hornet sting or insect bite? Yes No
If yes, explain _____

- Do you have:
- Sinus Trouble
 - Hay Fever
 - Heart Trouble
 - Epilepsy
 - Asthma
 - Diabetes

- List any Allergies:
- Food _____
- Drugs _____
- Other Medical Needs _____

(Please continue on reverse)

