

Medical Information and Release Form for Minor Child

*Type or print legibly in black ink. Make sure all requested information is provided.
Please complete separate form for each child age 18 or under.*

Child's Full Name _____

Age _____ 2014-2015 School Grade _____ Gender: M____ F____ DOB ____/____/____

Home Phone (____) _____ Alternate Phone (____) _____

Address/City/State/Zip _____

Parents' Names _____

In event of emergency, please notify:

Name _____ Phone (____) _____

Name _____ Phone (____) _____

Allergies

(reactions to foods, drugs, insects) _____

Medical History

Does your child have now, or in the past, had any medical conditions such as asthma, heart trouble, migraine headaches, nervous disorder, stomach trouble, mono, diabetes, cancer, etc. of which the MBC should be made aware? No ____ Yes ____ If yes, please list and explain

Medications

Does your child take any medications? No ____ Yes ____ If yes, please list the medication, dosage, and the reason for taking it. _____

Date of last tetanus shot _____

Can Tylenol or other over-the-counter pain reliever medications be administered to your child, if necessary?

Yes ____ No ____

Parent Authorization:

For consideration of my child's participation in activities during the **MB125 Conference**, I release the **Missouri Baptist Convention**, its officers, employees and workers; and **Skyline Baptist Church**, its members, officers, agents, employees and workers, from any liability for any injuries or illnesses that might occur to my child. This release is effective from **June 24-27, 2015**.

Parent Signature

Date

Return Completed Form(s) To: FAX: 573-635-5869 EMAIL: childhood@mobaptist.org
Missouri Baptist Convention, MB125 Conference, 400 E. High Street, Jefferson City, MO 65101-3253