## **Registration and Medical Release Form**

Activity: All Mount Pleasant Baptist Children Activities

Name	Birthday/ Age
Address	
School	Grade
Church you most often attend	
E-mail	
	NTS' INFORMATION
Father's Name	Phone
Address	Work Phone
Mother's Name	Phone
Address	Work Phone
Additional Phone Numbers	
2.475	DIGIT WOODL
	DICAL HISTORY
	ng appropriate information)  Vidney Trouble Heart Trouble Diobetes
	_ Kidney Trouble Heart Trouble Diabetes Fever Other Explain
Allergies: Food (list type)	
Penicillin or other drug (name)	
Insect stings / bites	Poison Sumac, Oak, or Ivy
Previous operations or serious illnesses	1 Olson Sunac, Oak, of Tvy
Is your student presently taking any med	ication? If so, What ?
Special Diet (Name)	
Childhood Diseases: Chickennox	Measles Mumps Whooping Cough
	ster Measles Mumps Others
	Phone Phone
Family Physician	Phone
	Phone
PERMISS	ION FOR TREATMENT
My permission is granted for any Mou	nt Pleasant Baptist Church staff member or sponsor in
	Activity to obtain medical attention in case of sickness
or injury for	(child's name)
or injury for	(oma s name)
I/We, the undersigned, do hereby releas	e, remise and forever discharge all sponsors and Mount
	nts, Virginia, from any and all claims, demands, actions,
	e arising out of any damage or injury while participating
· · · · · · · · · · · · · · · · · · ·	student or reimburse MPBC for the cost of sending my
	commits any infraction of the rules, puts their fellow
participants in danger, or exhibits a disru	•
<del>-</del>	
Dated this day of 20	(Signature of Parent/ Guardian)
	(Signature of Parent/ Guardian)