



Registration and Medical Release

Name: _____ DOB ____|____|____

Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

At which church are you a member? _____

In case of emergency:

Primary Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

Physician: _____ Phone: _____

Med Ins Co.: _____ ID# _____ Phone: _____

Medical History: (check appropriate information)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Other (explain) |

Allergies: Food: _____ Medicines: _____ Other: _____

Previous operations or serious illnesses: _____

Are you presently taking any medication? If so, explain: Name, dosage, reason

Do you have a special diet: NO YES explain: _____

Childhood Diseases: Chicken Pox Measles Mumps Whooping Cough

Immunizations: DTaP OPV/IPV MMR Hep B Varicella Meningitis
 Other _____

Permission for Treatment

My permission is granted for any Mount Pleasant Baptist Church staff member or sponsor in charge of any Mount Pleasant Baptist activity to obtain medical attention in case of sickness or injury for _____. I, the undersigned, do hereby release, remise, and forever discharge all sponsors and Mount Pleasant Baptist Church, Colonial Heights, VA, from all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or while participating in this event.

Signature

Date: _____