



2022 Registration and Medical Release Form Student Activities

STUDENT INFORMATION

Name: _____ DOB ____/____/____

Address: _____

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

Church you attend most often: _____ Grade: ____ School: _____

PARENT INFORMATION

Father's Name: _____ Phone: _____ Work#: _____

Address: _____

Mother's Name: _____ Phone: _____ Work #: _____

Address: _____

Medical History (check appropriate information)

- Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes Dizziness Hay Fever Stomach Upset Other (explain): _____

Previous operations or serious illnesses: _____

Is your student presently taking any medication? Yes No

If so, explain: Name, dosage, reason _____

Allergies: Food: Medicines: Other:

Is your child on a special diet: Yes No

explain: _____

Childhood Diseases: Chicken Pox Measles Mumps Whooping Cough

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

Physician: _____ Phone: _____

Medical Insurance Co.: _____ ID# _____ Phone: _____

In case of emergency contact: _____ Phone: _____

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/We, 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. I also agree to pick up my student or reimburse MPBC for the cost of sending my student home in the event that he/she commits any infraction of the rules, puts their fellow participants in danger, or exhibits a disruptive attitude.

Parent/Guardian Signature _____ Date: _____