

FLBC Medical Release Form
Family Life Bible Church 150 S. Hogan Road Conway, AR 72034

Child's Full Name(please print) _____ Sex _____ Current Grade _____
Date of Birth ____/____/____ Age _____ Social Security Number _____
Parent's/Guardians _____
Home Address _____ City _____ State _____ Zip _____
Father's Home Ph. _____ Work Ph. _____ Cell/Other _____
Mother's Home Ph. _____ Work Ph. _____ Cell/Other _____
In the Event of an emergency, list names and numbers of others we may contact who will know how to reach parents.
Name _____ Relationship _____ Home Ph. _____ Work Ph. _____
Name _____ Relationship _____ Home Ph. _____ Work Ph. _____
Insurance Company Name _____ Policy Number _____
Doctor's Name _____ Doctor's Phone _____
According to the recommendations made by the AMA, are immunizations current? Yes _____ No _____
O.P.V. (current or date given) _____ M.M.R. (Current or Date Given) _____
Tetanus Shot (date of last) _____ Is child allergic to Tetanus Booster? _____

Medical Conditions: Specify current or previous medical conditions: _____

Fainting spells? _____
Heart Trouble? _____ Allergic to food or Medicine? _____
Diabetes? _____
Chicken Pox? _____ Allergic to bites or stings? _____
Asthma? _____
Convulsions? _____ Any other allergies? _____
Appendix Removed? _____

Medication authorization: If applicable, please detail on FLBC Medication Request Form and submit with this form.

List Medications taken on a regular basis: _____

List medications that must be given at each event, camp: _____

Swimming ability (check one) _____ Non Swimmer _____ Fair _____ Good _____

Note or attach any other special instructions regarding your child: _____

Parent or Guardian Permission:

I hereby give my permission for (please print) _____ to take part in various sponsored trips, outings and camps of Family Life Bible Church. I also give my permission for my child to be transported in vehicles used in conjunction with these events. I further give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for the above named son/daughter. I release the church representative or sponsors from liability for accident or injuries on these trips or activities. Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we assume all transportation costs.

I understand that if my child experiences a life threatening allergic reaction, an Epinephrine Injection may be administered.

I have supplied, understood and agreed to all the information contained on this Medical Release Form.

Parent/guardian Signature _____ **Printed Name:** _____

Date: _____