Student Medical Release

Date completed:_____ (Valid only for the present school year Aug.-July)

Note: Please attach photocopies of the front and back of your Medical Insurance card.

Name:_____ Age:_____
Last First M.I.

Home Address: _____
Street City State Zip

Home Phone: _____ Parent's/Guardian's Wk# _____

In case of emergency, call: _____ Emer. #_____
Name Phone

Medical Insurance Co. _____ Policy #: _____

Medical Insurance Phone #: _____

Last Physician's Exam was within the last _____ year _____ 2 years _____ 3 years

I believe my child's health to be:
_____ excellent _____ above average _____ average _____ below avg._____ poor

Any problems requiring special attention? (such as allergies to medications)_____
_____
_____

Health History (Please check only those that apply):

___ Asthma	___ Appendicitis	___ Bleeding Trait	___ Congenital Defect
___ Convulsions	___ Depression	___ Mental Health Problem	___ Congenital Defect
___ Hay Fever	___ Hepatitis	___ High Blood Pressure	___ Migraine Headaches
___Sinus Trouble	___ Rheumatic Fever	___ Nervous Stomach	___ Suicide Attempt
___Diabetes	___ Thyroid Overactive	___ Thyroid Underactive	___ Hypoglycemia

Immunizations/Infections:
___ German Measles ____ Measles ____ Mumps ___ Polio-Oral ____ DPT (baby) ____ Tuberculosis

Date of last Tetanus shot: _____ (Month, Day, Year)

This release gives us permission to take your child to the nearest available medical facility and have treatment administered – many hospitals will not administer any medical attention to a minor without some parental consent.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE RECHED, I HEREBY GIVE TEMPLE BIBLE CHURCH THE PERMISSION TO ACT I N MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY BY A PHYSICIAN AND AGREED UPON BY TEMPLE BIBLE CHURCH. I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEMED NECESSARY. I ABSOLVE TEMPLE BIBLE CHURCH FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD AS LONG AS TEMPLE BIBLE CHURCH IS NOT GROSSLY NEGLIGENT.

Parent's/Guardian's Signature: _____ Date: _____
Parent's/Guardian's Name(Please print): _____