

**2019 MEDICAL RELEASE FORM  
FAIRFAX CIRCLE CHURCH**

Child/Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Person and Phone:

\_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Medical Insurance Co. phone number

\_\_\_\_\_

**Medical History**

Immunizations:

Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ MMR \_\_\_\_\_ Chickenpox \_\_\_\_\_

Past medical conditions (check appropriate information)

Asthma \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Diabetes \_\_\_\_\_

Other \_\_\_\_\_

Parent Information:

\_\_\_\_\_

\_\_\_\_\_

Allergies:

Food:

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Penicillin or other drugs (name): \_\_\_\_\_

Insect Stings/Bites: \_\_\_\_\_

Poison Sumac, Oak, Ivy: \_\_\_\_\_

Any current medications you are taking (list):  
\_\_\_\_\_

Special Diet:  
\_\_\_\_\_

Childhood Diseases:

Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Other \_\_\_\_\_

**Permission For Medical Treatment**

I give my permission for and authorize any and all emergency medical and hospital care or treatment deemed necessary by a duly licensed staff physician, at any medical facility, for both the health and well being of my child.

I understand that the leaders and/or chaperones of Fairfax Circle Church will make every attempt to contact me in the event of an accident involving my child. In addition, I will not hold Fairfax Circle Baptist Church or its adult leaders/chaperones liable in any way for my child in the unfortunate event of an accident.

**Photo/Video Social Media Opt out**

Check this box only if you DO NOT want your child/ student's image used in Fairfax Circle Church's publications or posted on our social media pages. Fairfax Circle will not post names of minors in any publications or on social media.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date