

**2020 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:

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