



**2022 MEDICAL RELEASE FORM
FAIRFAX CIRCLE CHURCH**

Child/Student Name _____

Birthdate ____/____/____ School _____ Grade _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Cell Phone _____ Email _____

Emergency Contact Person and Phone:

Family Physician _____

Phone _____

Medical Insurance Co. _____

Policy # _____

Medical Insurance Co. phone number

Medical History (check appropriate information)

Immunizations:

Tetanus ____ Polio Booster ____ MMR ____ Chickenpox ____ COVID ____

Past medical conditions:

Asthma ____ Bronchitis ____ Kidney Trouble ____ Heart Trouble ____ Diabetes ____

Other _____

Childhood diseases:

Chickenpox _____ Measles _____ Mumps _____ Other _____

Diagnosed mental illnesses: (optional)

Anxiety ____ Depression ____ Suicidal Thoughts ____ Addiction ____ Other _____



Other helpful information:

Allergies

Food:

Penicillin or other drugs (name): _____

Insect Stings/Bites: _____

Poison Sumac, Oak, Ivy: _____

Any current medications you are taking (list):

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 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