

Participant Information	
Name:	DOB:
Phone:	Address:
City:	State: ZIP:
Parent's Employer:	Phone:
Member of NGBC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact:	Phone:
Family Physician:	Phone:
Insurance Agency:	Policy Number:

Past Medical History
<input type="checkbox"/> Asthma <input type="checkbox"/> Sinusitis <input type="checkbox"/> Bronchitis <input type="checkbox"/> Kidney Trouble <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Diabetes <input type="checkbox"/> Dizziness <input type="checkbox"/> Stomach Upset <input type="checkbox"/> Hay Fever <input type="checkbox"/> Other, please specify:

Immunizations
<input type="checkbox"/> Tetanus <input type="checkbox"/> Polio Booster <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Other:

Allergies
<b>Food Related:</b>
<b>Medication/Drug Related:</b>
<input type="checkbox"/> Insect Bites or Stings: <span style="float: right;"><input type="checkbox"/> Poison</span> Ivy/Oak/Sumac
<b>Current Medications:</b>
<b>Special Diet:</b>
<b>Previous Operations and Serious Illnesses:</b>

Permission For Treatment
<i>Parents complete if participant is under 21 years of age.</i>
I hereby authorize NGBC to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and staff of North Greenwood Baptist Church from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in Youth Activities with North Greenwood Baptist Church.
Dated this _____ day of _____, 20_____
State of Mississippi, County of _____
_____
<b>Parent/Guardian Signature; Print Name:</b>
_____
<b>Notary Public Signature; Print Name:</b>
_____
Updated: _____ Signature: _____
Updated: _____ Signature: _____