



**Medical Permission and Release Form
2011 YEAR**

Name _____ Age _____

Address _____ City _____ St _____ Zip _____

In case of an emergency notify _____

Family Physician _____ Phone (____) _____

Family Insurance Co. _____ Policy # _____

Immunizations: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

(Check giving appropriate information)

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney trouble _____ Heart Trouble

_____ Diabetes _____ Dizziness _____ Upset Stomach _____ Hay Fever _____ Other: _____

Allergies:

Foods: _____

Penicillin or other drugs: _____

Insect Stings/Bites: _____

Poison Sumac, Oak, or Ivy: _____

Previous operations/serious illnesses: _____

Current Medications: _____

Special Diet: (Name) _____

Permission For Treatment

My permission is granted for the minister or sponsor in charge 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 do hereby release and forever discharge all sponsors and employees of Poplar Grove Baptist Church, Inc. from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injuries while participating in the activities identified above.

Signature: _____ Date: _____

BE SURE TO COMPLETE THE BACK OF THIS FORM AS WELL

Youth Permission Form

Youth Ministry Activities

2011

I, the undersigned, hereby give permission for my child to take part in the scheduled activities of the youth ministry of the Poplar Grove Baptist Church, Inc. I authorize the representatives of Poplar Grove Baptist Church, Inc. OR Cookeville First Assembly of God to transport my child to and from the events scheduled from January 1, 2011- December 31, 2011 to provide supervision, and in an emergency, to obtain necessary medical attention. I release Poplar Grove Baptist Church, Inc. as well as Cookeville First Assembly of God and its representatives from any liability incurred in the discharge of these activities. I understand that some scheduled activities may require further written permission before my teen may participate.

Child's Name	Signature	Date
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Youth Covenant Form

I, the undersigned, do hereby agree to follow all the rules and guidelines set forth by Poplar Grove Baptist church and the adult leaders responsible for my behavior on youth trips and activities. I also recognize that as a follower of Jesus Christ and a member of the above mentioned youth group I am responsible to behave in a manner worthy of the gospel of Christ and representative of myself, my Lord, my church, and my parents. Upon my realization of this fact, I covenant to act as an appropriate representative of Christ, His Church, My Family, and Myself. I understand that if I fail to live up to this covenant, I can be removed from any and all youth trips, events, and activities.

Student Signature	Date
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