



**Medical Release Form  
Browncroft Community Church: Children's Ministry**

**Child's Name** \_\_\_\_\_ **Birthday** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street No.) (City) (zip)

**Home Phone** \_\_\_\_\_

**Parent Information**

**Mother's Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(if different from Child)

**Home Phone**(\_\_\_\_\_) \_\_\_\_\_ **Cell Phone**(\_\_\_\_\_) \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(if different from Child)

**Home Phone**(\_\_\_\_\_) \_\_\_\_\_ **Cell Phone**(\_\_\_\_\_) \_\_\_\_\_

**Medical History**

**1. My child has allergies to:**

Bee stings \_\_\_\_\_ Penicillin \_\_\_\_\_ Peanuts \_\_\_\_\_ Dairy \_\_\_\_\_ Pollen \_\_\_\_\_

Other (list) \_\_\_\_\_

**My child's reaction to these are:** \_\_\_\_\_

**2. My child has the following health concerns:**

Diabetes \_\_\_\_\_ Seizures \_\_\_\_\_ Asthma \_\_\_\_\_ Heart Disease \_\_\_\_\_

High blood pressure \_\_\_\_\_ Nervous disorder \_\_\_\_\_ Cancer \_\_\_\_\_ Hepatitis \_\_\_\_\_

Lung disorder\_\_\_\_ Disease of the kidney\_\_\_\_ Transplants\_\_\_\_ AIDS\_\_\_\_\_

Missing Organ (describe)\_\_\_\_\_

**My Child's reaction to these are:**\_\_\_\_\_

**3. My Child has the following emotional or physical limitations:**

\_\_\_\_\_  
\_\_\_\_\_

**4. List prescription & non-prescription medications:**\_\_\_\_\_

\_\_\_\_\_

**5. List any limitations with sports or physical activities:**\_\_\_\_\_

\_\_\_\_\_

**6. Has your child had a surgical operation within the last five years? (describe)**

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

**Pediatrician**\_\_\_\_\_ **Phone**(\_\_\_\_\_)\_\_\_\_\_

**Dentist**\_\_\_\_\_ **Phone**(\_\_\_\_\_)\_\_\_\_\_

**Insurance Company**\_\_\_\_\_ **Policy #**\_\_\_\_\_

**Emergency Contact Name**\_\_\_\_\_

**Relationship**\_\_\_\_\_

**Home Phone**(\_\_\_\_\_)\_\_\_\_\_ **Cell Phone**(\_\_\_\_\_)\_\_\_\_\_

**Permission for Emergency Medical Treatment**

In Case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical treatment to be decided by the doctors and representative of Browncroft Community Church. I will be contact as soon as possible.

Parent(s) Signature\_\_\_\_\_ Date\_\_\_\_\_