

Fairwood Bible Institute
MEDICAL RELEASE FORM

I. General Information

1. Name _____ Date of Birth _____

Social Security No _____ Place of Birth _____

2. Home address _____ Telephone ____/____

City _____ State _____ Zip _____

3. Father's Name _____ Mother's Name _____

Address _____ State ____ Zip _____ Tel. ____/____

Father's work phone # ____/____ Mother's work phone # ____/____

Nearest relative or person to contact in event parents are not available:

1. Name _____ Address _____ Phone _____

II. Financial Responsibility

Medical Insurance Information (if applicable, not encouraged)

Insurance Company Name _____ Policy I.D. # _____

Home state _____

Who carries? ____ Father/Mother ____ With what company? _____

III. Health Information

1. Do you have any health condition or physical handicap which requires special attention or have you had any serious illnesses or infectious diseases?

If so, what _____

(Give full details/attach note)

2. Do you take any medication on a regular basis? ____ If so, what? _____

3. Date of last tetanus booster shot? _____

4. List any hospitalizations (Give full details/attach note) _____

5. List any known allergies: Foods _____ Drugs _____ Insects _____
Other _____ (Give full details/attach note)

6. Have you ever had?			Rheumatic Fever	yes	no
			Diabetes	yes	no
Chicken Pox	yes	no	Seizures	yes	no
Measles	yes	no	Epilepsy	yes	no
Mumps	yes	no	Concussions	yes	no
			Hepatitis	yes	no
			Other _____		

7. Describe your present health including any conditions which might affect your participation in the program (including work and sports) at Fairwood Bible Institute.

IV. Permission/Release

Student has/does not have permission to participate in the full/limited athletic program at Fairwood Bible Institute.

In case of emergency, I hereby give my permission for emergency care.

_____ Date _____

Parent's Signature (If student is over 18, student's)