

## MEDICAL RELEASE FORM

Have you experienced past or current problems with:

- Asthma
- Sinusitis
- Bronchitis
- Kidney Trouble
- Heart Trouble
- Diabetes
- Dizziness
- Stomach Upset
- Hay Fever
- Other \_\_\_\_\_

Details: \_\_\_\_\_

### Allergies

- Food
- Penicillin or other drug (Name)
- Insect Stings/Bites
- Poison Sumac, Oak, or Ivy
- Other:

Previous operations or serious illnesses

List any medications currently being taken

Special Diet: (Name)

Childhood Diseases:  Measles  Mumps  Chickenpox  Whooping Cough

Are there any other medical or physical limitations or anything else that we should be aware of?  Yes  No

If yes, please give details:

I give permission for my son/daughter \_\_\_\_\_ to attend the Alive Student Conference 2017 in Chesterfield, MO, December 28-30. I also give permission for any church sponsors or Youth Alive Committee members to seek medical attention for my child in case of an emergency.

Parent or Guardian

Emergency Phone Number(s)