

AliveStudentConference.com

December 29th 2016 – December 31st 2016

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: Chickenpox Measles Mumps Whooping Cough

Are there any other medical or physical limitations or anything else that we should be aware of? If yes, please give details:

I give permission for my son/daughter _____ to attend the Alive Student Conference 2016 in Chesterfield, MO, December 29-31. 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): _____
