

The Preschool and Children's Ministry

Mimosa Lane Baptist Church □ 1233 N. Belt Line Rd. □ Mesquite, TX 75149 □ (972) 288-7426

2009/2010 MEDICAL PERMISSION and RELEASE FORM

Child's Name _____ Age _____ Grade _____

Birthdate _____ Male or Female Phone () _____

Address _____

City _____ State _____ Zip _____

School Attending _____

Father's Name _____ Work Phone () _____

Mother's Name _____ Work Phone () _____

In an Emergency, notify _____ Phone () _____

Other Guardian _____ Phone () _____

Family Physician _____ Phone () _____

Family Dentist _____ Phone () _____

Hospital Insurance Yes No Policy Number _____

Name of Insurance Company _____

Please attach a copy of the Insurance Card.

List Date of last immunization: DPT _____ MMR _____ Tetnus Only _____ Polio _____

Check if Child has had: Chicken Pox Measles Other
 Whooping Cough Mumps

Allergies: Food _____

Insects/Bites _____

Medications _____

Previous Serious Illness _____ Date _____

Current Medication _____

Special Diet _____

