

Emmanuel Evangelical Free Church

438 E. Harvard Rd., Burbank, CA 91501(818) 843-0900

www.emmanuelburbank.org

Parent Permission Form & Medical Release

Effective August 1, 2010 through August 31, 2011

Child's Name _____ Age ____ Birth-date ____/____/____ Grade ____

Address _____
(Street) (City) (Zip)

Primary E-mail address: _____

Mother/Guardian's Name _____

Home: _____ Work: _____ Cell: _____

Father/Guardian's Name _____

Home: _____ Work: _____ Cell: _____

Other Emergency Contact: _____ relationship: _____

Home: _____ Work: _____ Cell: _____

Medical Insurance Company: _____

Policy # _____

Medical History

Date of last tetanus shot: _____

Does your child wear ____ glasses? ____ Contact lenses?

Does your child have any known medical conditions? Yes No

If Yes, please describe: _____

Please list the name, dosage, and purpose of medications currently being taken by Minor:

Does your child have any drug allergies? Yes No

If Yes, please describe: _____

Does your child have any food allergies? Yes No

If Yes, please describe: _____

Does your child have any dietary restrictions? Yes No

If Yes, please describe: _____

Does your child have any activity limitations or behavioral concerns? Yes No

If Yes, please describe: _____

