



**Medical Permission and Release Form  
2023 YEAR**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

In case of an emergency notify \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Immunizations: \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_

(Check giving appropriate information)

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

Allergies:

Foods: \_\_\_\_\_

Penicillin or other drugs: \_\_\_\_\_

Insect Stings/Bites: \_\_\_\_\_

Poison Sumac, Oak, or Ivy: \_\_\_\_\_

Previous operations/serious illnesses: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Special Diet: (Name) \_\_\_\_\_

**Permission For Treatment**

My permission is granted for the minister or sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct and do hereby release and forever discharge all sponsors and employees of Poplar Grove Baptist Church, Inc. of Cookeville from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injuries while participating in the activities identified above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BE SURE TO FILL OUT THE BACK OF THIS FORM!**

# Student Permission For Youth Ministry Activities 2023

I, the undersigned, hereby give permission for my student to take part in the scheduled activities of the youth ministry of the Poplar Grove Baptist Church, Inc. I authorize the representatives of Poplar Grove Baptist Church, Inc (The Grove). of Cookeville, TN to transport my student to and from the events scheduled from January 1, 2023 to December 31, 2023 provide supervision, and in an emergency, to obtain necessary medical attention. I release Poplar Grove Baptist Church, Inc. and its representatives from any liability incurred in the discharge of these activities. I understand that some scheduled activities may require further written permission before my teen may participate.

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Student's Name

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Guardian's Signature

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Date

## Student Covenant For 2023

I, the undersigned, do hereby agree to follow all the rules and guidelines set forth by Poplar Grove Baptist Church and the adult leaders responsible for my behavior on youth trips and activities. I also recognize that as a representative of Poplar Grove Baptist Church Student Ministry, I am responsible to behave in accordance to the Bible's standard of conduct. Upon my realization of this fact, I covenant to act appropriately as one who represents Christ, His Church, My Family, and Myself. I understand that if I fail to live up to this covenant, I can be removed from any and all youth trips, events, and activities.

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Student's Signature

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Date