

Form IFCB-5 Medical History Permission and Release Form

DOB:

Name _____ Age _____

Address _____ Zip _____

In case of an emergency, notify: _____ Phone _____

Family Physician: _____ Phone _____

Family Insurance Co. _____ Policy # _____

Insurance Co. Address _____

IMMUNIZATIONS: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

Other: _____

PAST MEDICAL HISTORY

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney _____ Heart _____ Diabetes _____

Dizziness _____ Stomach Upset _____ Hay Fever _____ Other _____

ALLERGIES: Food _____ Insect bites/stings _____

Penicillin or other drug (name) _____

Poison Sumac, Oak or Ivy _____

Other _____

Previous operations or serious illnesses _____

Any current medications _____

Special Diet (name) _____

Childhood Diseases:

Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Any medical needs which your child has, of which adult supervisors should be aware:

PERMISSION FOR TREATMENT

My permission is granted for school supervisors to obtain necessary medical attention in case of sickness or injury of my student.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Cobb County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representative thereof, as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

DATED _____

Signature of Parent/Guardian

Form Revised 5/12/04

Student First Name:

Student Last Name: