

Spirit and Truth Worship Center  
277 Main Street  
Loganville, GA 30052

Curt W. Buckmire      Nedra L. Buckmire  
Senior Pastor          Pastor



## **ADULT MEDICAL RELEASE FORM**

*(Please fill out all forms completely and legibly; and return to the church office)*

<b>EVENT INFORMATION</b>	
MINISTRY NAME: _____	DATE OF EVENT: _____
WHERE TO: _____	
DEPARTURE TIME: _____	RETURN TIME: _____
EVENT COST: \$ _____	

### ***MEDICAL RELEASE FORM***

I \_\_\_\_\_ (Your Name), have no special medical problems except those listed below. The leaders of **Spirit and Truth Worship Center** have my permission to obtain any medical attention, which would be deemed necessary by proper medical authorities. Are you allowed to take:

ASPRIN	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TYLENOL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IBUPROFEN	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DECONGESTANT	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please list any medical problems, medications, allergies, and etc. below

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\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**