

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

Curt W. Buckmire Nedra L. Buckmire
Senior Pastor Pastor



CHILD MEDICAL RELEASE FORM

(Please Fill Out All Forms Completely & Legibly and Return To The Church Office)

EVENT INFORMATION

MINISTRY NAME: _____ DATE OF EVENT: _____

WHERE TO: _____

DEPARTURE TIME: _____ RETURN TIME: _____

EVENT COST: \$ _____

MEDICAL RELEASE FORM

My Son/Daughter _____ (child's name), have no special medical problems except those listed below. The leaders of **Spirit and Trust Worship Center** have my permission to obtain any medical attention, which would be deemed necessary by proper medical authorities.

Is Your Child Allowed To Take:

ASPRIN YES NO

TYLENOL YES NO

IBUPROFEN YES NO

DECONGESTANT YES NO

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

Date

Parent(s) Signature