



# Fairwood Bible Institute

MEDICAL RELEASE FORM

18 FAIRWOOD DRIVE  
DUBLIN, NH 03444-8320  
TEL (978)216-2512  
FAX (603)563-8138  
fairwoodbible.org  
admissions@fairwoodbible.org

## I. GENERAL INFORMATION

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No \_\_\_\_\_ Place of Birth \_\_\_\_\_

Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

2. Home address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Father's work phone \_\_\_\_\_ Mother's work phone \_\_\_\_\_

4. Nearest relative or person to contact in event parents are not available:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## II. FINANCIAL RESPONSIBILITY

Medical Insurance Information (if applicable, not encouraged)

Insurance Company Name \_\_\_\_\_ Policy I.D. # \_\_\_\_\_

Home state \_\_\_\_\_

Who carries?  Father  Mother With what company? \_\_\_\_\_

## III. HEALTH INFORMATION

1. Do you have any health condition or physical handicap which requires special attention or have you had any serious illnesses or infectious diseases?

If so, what \_\_\_\_\_

(Give full details/attach note)

2. Do you take any medication on a regular basis? \_\_\_\_\_ If so, what? \_\_\_\_\_

3. Date of last tetanus booster shot? \_\_\_\_\_

4. List any hospitalizations (Give full details/attach note) \_\_\_\_\_

5. List any known allergies: Foods \_\_\_\_\_ Drugs \_\_\_\_\_ Insects \_\_\_\_\_

Other \_\_\_\_\_ (Give full details/attach note)

6. Have you ever had? Select all that apply.

Rheumatic Fever  Yes  No

Diabetes  Yes  No

Chicken Pox  Yes  No

Seizures  Yes  No

Measles  Yes  No

Epilepsy  Yes  No

Mumps  Yes  No

Concussions  Yes  No

Hepatitis  Yes  No

Other \_\_\_\_\_

7. Describe your present health including any conditions which might affect your participation in the program (including work and sports) at Fairwood Bible Institute.

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#### IV. PERMISSION/RELEASE

Student  has  does not have permission to participate in the

full  limited athletic program at Fairwood Bible Institute.

In case of emergency, I hereby give my permission for emergency care.

\_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature (If student is over 18, student's)