



Fairwood Bible Institute

MEDICAL RELEASE FORM

18 FAIRWOOD DRIVE
DUBLIN, NH 03444-8320
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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.

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)