

Center of Integrative Medicine

Medical Release Form

Name: _____ DOB: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

In case of emergency notify: _____ Phone: _____

Physician: _____ Phone: _____

Medical Insurance Co: _____ Policy #: _____

Past Medical History (Please check all that apply)

Asthma Arthritis Bronchitis Diabetes Kidney Trouble

Hypertension Chest Pain Heart Trouble Dizziness Sinusitis

Joint/Back Problems Lung/Breathing Problems Currently Pregnant

Family History of Heart Disease Other _____

Male Female

Allergies: Food _____

Penicillin/Other Drugs _____

Insect Stings/Bites _____

Poison Sumac, Oak, Ivy _____

Current Medication: _____

Previous Operations/Illnesses: _____

My permission is granted to **Center of Integrative Medicine, LLC** to obtain necessary medical attention in case of sickness or injury for _____.

(Participant's name)

I, the understood, do hereby release, remiss and forever discharge **Center of Integrative Medicine, LLC**, Yedda Stancil, all employees, contractors, and sponsors from any and all claims, demands, actions, or cause of actions past, present, or future arising out of any damage or injury while participating in Body Age testing, personal training, and/or any other services.

Signature: _____ **Date:** _____