

Under the Oak 2009 Registration and Medical Release Form

First Presbyterian Church / 510 South Tibbs Rd / Dalton, GA / 30720

Participant Information

First Name	Middle Initial	Last Name
Street Mailing Address		City /State
Zip Code		
Phone Number	Student Email Address	
School Attendance	Grade	Date of Birth

Parent Guardian Information

Mother's First Name	Middle Initial	Last Name
Father's First name	Middle Initial	Last Name
Mother's Work Number	Mother's Cell Phone Number	Home Phone Number
Father's Work Number	Father's Cell Phone Number	Parent Email Address

Participant's Health Information

Date of Last Tetanus Shot	Regular Medication	Know Allergies that should not be given
Pertinent Medical History		
	Primary Doctor	Doctor's Telephone Number

Health Insurance Information

Major Medical & Health Insurance Company	Insurance Company Telephone Number
Group Number	Policy Number

First Presbyterian Church and it's representatives will be responsible for the physical, mental, and spiritual fitness of your child during church activities. In an emergency, if you cannot be reached at the above phone numbers, or if timing is felt to be critical in the interest and welfare of our child, we grant full authority to the adult chaperones to act as they see fit in securing treatment for my Child. I also grand permission for my child to travel with First Presbyterian Church.

Parent Signature