

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

MEDICAL/LIABILITY RELEASE AND HEALTH FORM, 2009

I, _____, grant permission for my child, _____, to attend children's activities, **including Vacation Bible School**, and travel with First Presbyterian Church from 6/1/09 to 5/31/ 10.

Parent's Name (please print) _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Business Phone _____
Cell Phone Numbers _____
Emergency Contact _____

Is your child covered by hospitalization insurance? Yes _____ No _____
If yes, what company? _____
Policy No. _____
Family Dr. or Pediatrician _____
Dr.'s Phone No. _____
Date of last tetanus shot _____
Please indicate any medications your child is presently taking _____

Does your child have any maladies or physical conditions we should be aware of? _____

Is your child allergic to any foods or medicines? Yes _____ No _____
If yes, please explain _____

Can your child participate in normal physical activity? _____

I authorize the adult, in whose care the minor has been entrusted, to consent to any x-ray exam, anesthetic, medical, surgical, or dental diagnosis or treatment, and/or hospital care, to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said doctor or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses associated with any necessary treatment. I also give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First Presbyterian Church.

Child's Name _____

Signed _____ **Date** _____
(signature of parent)

PLEASE NOTE! A signed copy of this form must accompany registration form in order for your child to participate.