

4



MEDICAL PERMISSION FORM

First Presbyterian Church
 510 South Tibbs Road
 Dalton, Georgia 30720
 706-278-8161

Please fill this form out **completely** with current and accurate information. You must sign this form in the presence of a Notary Public to be considered an official document. This form is considered current from the date executed. You are responsible for notifying us of any changes to this information. Thank you for your cooperation.

Full Name of Child: _____

Home Address: _____

Home Phone Number: _____ Date of Birth: _____

Email: _____

Known Allergies (Medications, foods, insects, etc.): _____

Physician's Name and Phone Number: _____

Date of Last Tetanus Shot: _____

Father's Name and Work Phone: _____

Father's SS# and DOB: _____

Mother's Name and Work Phone: _____

Mother's SS# and DOB: _____

Name of Health Insurance Company: _____

Policy Number: _____

Name and Phone Number of Person (other than parents) who can be contacted in case of an emergency: _____

*****Please include a copy of your insurance card*****

Very Important: Read Carefully Before Signing

I give permission for my child to be taken to the nearest hospital or doctor in case of an accident or illness, and I give my permission for my child to be treated if I am unable to be notified.

In consideration of my child participating in activities and using church facilities of Dalton First Presbyterian Church, I agree to hold the Church, its staff and any volunteers acting on behalf of the Church, harmless from any damage or claims of any nature whatsoever, including any claims based on alleged negligence, that may arise from or through my child's participation in Church activities or use of Church facilities. I personally assume all risks in connection with the use of Church facilities or participation in Church activities, and I release the Church, its members and staff from any injury or damage which may occur.

Parent or Guardian's Signature _____ Date _____

Notary Public: _____