

2011 MEDICAL PERMISSION FORM

First United Methodist Church
102 West Liberty Street, Washington GA 30673
(706) 678-7116

Please fill this form out completely with current and accurate information.

Full Name of Child: _____

Name Child is Called: _____ Date of Birth: _____

Home Address: _____

Home Phone Number: _____ Cell Phone _____

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

Medication Taken on a Regular Basis: _____

Physician's Name and Phone Number: _____

Date of Last Tetanus Shot: _____

Father's Name and Work Phone: _____

Mother's Name and Work Phone: _____

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:

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.

I personally assume all risks in connection with my child's participation in activities of First United Methodist Church of Washington, Georgia and I release the Church, its staff and any volunteers acting on behalf of the Church, from any injury or damage, which may occur.

Parent or Guardian's Signature

Date