

2020-2021 MEDICAL PERMISSION FORM

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

Please fill this form out completely with current and accurate information. This form will be active throughout the entire school year. Thank you for your cooperation.

Full Name of Child: _____

Name Child is Called: _____ Date of Birth: _____

Home Address: _____

Home Phone Number: _____

Father's Name: _____ Cell#: _____ Work#: _____

Mother's Name: _____ Cell#: _____ Work#: _____

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

Medication Taken on a Regular Basis: _____

Physician's Name and Phone Number: _____

Date of Last Tetanus Shot: _____

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