

2022-2023 MEDICAL PERMISSION FORM

**First United Methodist Church PreKindergarten
102 West Liberty Street, PO Box 518,
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