

# 2023-2024 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