MEDICAL PERMISSION FORM

First Baptist Church · 1275 Church Street SE · Smyrna, Georgia 30080-3595

I grant Cindi White, Susan Shay, Jeff Hodges or any other approved adult sponsor from First Baptist Church Smyrna the right to have my child, _____, treated in a doctor's office and/or hospital emergency room should the need arise and I cannot be reached.

Signature _____ Date _____
PARENT/GUARDIAN

_____ Date _____
NOTARY PUBLIC

Please have the above notarized and complete the following information to assist us in caring for your child:

Name _____ Age _____ School Grade _____

Address _____
STREET CITY/STATE ZIP

Parent(s)/Guardian(s)_____ Home Phone _____
Work Phone _____ Cell Phone_____

If I/we are not able to be reached in case of an emergency, please contact:

Name in case of emergency: _____ Phone _____
Relationship: _____
Insurance Company _____
Policy/Group # _____
Social Security # (for insurance purposes): _____

Please furnish the following information. Should there be a need for further explanation, please do so on the back of this form.

☐ Yes ☐ No 1. Is your child allergic to any medication(s)?
If yes, please list: _____

☐ Yes ☐ No 2. Will your child be taking any medication(s) while on this trip?
If yes, please indicate name of medicine and dosage: _____
_____

☐ Yes ☐ No 3. Is your child allergic to bee stings?
If yes, will he/she have medication with him/her? ☐ Yes ☐ No
Medication name: _____ Dosage: _____

☐ Yes ☐ No 4. Is your child able to take Tylenol?

☐ Yes ☐ No 5. Has your child had a tetanus shot within the past five years?

☐ Yes ☐ No 6. Are there any special medical conditions we should be aware of concerning your child (asthma, allergies, headaches, seizures, etc.)? If yes, please explain:

_____
_____
_____

This form will kept on file for the period of one year.
You are responsible for completing a new form if any information changes. Revised 8/6/2007