



Central Baptist Kidz Ministry

Permission Slip and
Medical Information Form

Name: _____ Date of Birth: _____

School Attending: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of **Parents** or Guardian _____

Home Phone: _____ **Email:** _____

Mom's Work Phone: _____ Cell Phone: _____

Dad's Work Phone: _____ Cell Phone: _____

Emergency Contacts (other than parents or guardian):

Name _____ Phone _____

Name _____ Phone _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, _____ to attend and participate in activities sponsored by Central Baptist Church of Warner Robins, Georgia.

In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in conjunction with such medical and dental services rendered to the aforementioned child pursuant to authorization.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Central Baptist Church.

The undersigned gives permission for pictures taken of my child at church sponsored events to be used in the building, in publications and on the church web site.

This form shall remain in effect from the date signed below until **1 September 2015**.

Medical Insurance Company _____ Policy Number _____

Family Physician _____ Phone Number _____

Pertinent Medical Information (diabetes, allergies, asthma, etc) – (Anything we should know).

Parent or LEGAL Guardian (Print and Sign Name)

Date