

# Permission Slip and Medical Release Form

(Please print clearly)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_ HM Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's WK Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's WK Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Please rate your child swimming ability? Not at all 1 2 3 4 5 Very well.

## Insurance Information

Policy Holder: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information

Any and all "Over the Counter" medications, prescriptions and/or non-prescription medications brought by a child should be on a written record for the Minister for Children and only taken under the supervision of an adult. All medications, prescription and/or non-prescriptions, should be brought in their original marked container.

I give my permission for a Morningside Baptist Church adult representatives to administer over-the-counter non-prescription medications, doctor prescribed medications and/or First Aid treatment to my child as needed while in their care. I understand this may include but may not be limited to the following types of non-prescription medications:

- Acetaminophen (i.e., Tylenol or generic brands)
- Ibuprofen (i.e., Motrin or generic brands)
- Decongestants, Antihistamines
- Antacids
- First Aid/Burn Creams
- Topical Antibiotics (i.e., Neosporin)
- Cold/Heat Rub

**Medications** (Please list times and dosage)

Medication:	Dose:	Time:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



