

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

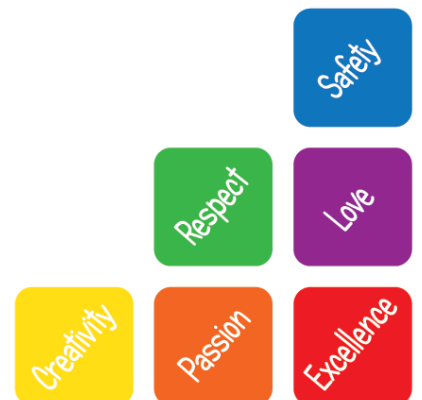
Any and all "Over the Counter" medications, prescriptions and/or non-prescription medications brought by a child should be on a written record for the Minister for Children and only taken under the supervision of an adult. All medications, prescription and/or non-prescriptions, should be brought in their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



Medical Information continued:

Is your child in generally good health? _____ Do they have an updated tetanus shot? _____

Does your child have any physical limitations that would limit or exclude him/her from certain activities?

Does your child have any known illnesses? If so, please give details. _____

Does your child have any known allergies? (food, insects, drugs, vaccines, etc...) _____

Is there any other medical information you feel we should know? (i.e., Sleepwalking) _____

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I, the undersigned, as parent/guardian of _____ do hereby give permission for my child to participate in events and trips sponsored by Morningside Baptist Church from January 1, 2019 to December 31, 2019. I will not hold Morningside Baptist Church or any individual acting on behalf of said church as agent, chaperone, overseer, or in any other capacity, liable or in any way responsible for any injuries or harm done to my child as a result of or in conjunction with said activity. In addition, I hereby authorize the agent, chaperone, or representatives of Morningside to seek medical attention for my child should it be needed as a result of injuries or sickness. I give permission for the release of medical records to the attending physician in case of injury or illness. I understand that every effort will be made to contact the parents or guardian of my child. In the event that I cannot be reached we (I) give permission to the physician attending my child to hospitalize and /or secure proper and necessary treatment for my son/daughter as named herein. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. 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 Morningside Baptist Church. Morningside Baptist Church shall be liable for any medical attention rendered by a doctor, clinic, hospital, nurses or any other individual or facility as a result of injury or sickness.

Parent/Guardian Signature

Notary Public

Date

Expiration Date of Seal