

MEDICAL PERMISSION FORM

First United Methodist Church
500 S. Thornton Ave.
Dalton, GA 30720
(706) 278-8494

Please fill this form out **completely** with current and accurate information. This form is considered current from the date executed. This form will be kept on file for ONE YEAR from the date signed. You are responsible for letting us know of any changes in personal and insurance information. Thank you for your cooperation.

Full Name of Child: _____

Home Address: _____

Home Phone Number: _____ Date of Birth: _____

Known Allergies (Medications, foods, insects, etc.): _____

Physician's Name and Phone Number: _____

Date of Last Tetanus Shot: (age 5 unless otherwise needed) _____

Parents Names and Contact Phone Numbers: _____

Name of Health Insurance Company: _____

Customer Service Phone Number (on back of card): _____

Policy (Employee) Number: _____

Group Number: _____ ID Number (if provided): _____

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.

In consideration of my child participating in activities and using church facilities of Dalton First United Methodist Church, I agree to hold the Church, its staff and any volunteers acting on behalf of the Church, harmless from any damage or claims of any nature whatsoever, including any claims based on alleged negligence, that may arise from or through my child's participation in Church activities or use of Church facilities. I personally assume all risks in connection with the use of Church facilities or participation in Church activities, and I release the Church, its members and staff from any injury or damage which may occur.

Parent or Guardian's Signature

Date