

**First Baptist Church Plano
Preschool/Children's Ministry
Medical Permission Form**

8/2017 - 8/2018

Name _____ Date of Birth _____ Grade Completed _____
(If applicable)

Address _____

City _____ State _____ Zip _____

Email _____

Parent/Legal Guardian _____

Home Phone _____ Work _____ Cell _____

Email _____

In case of emergency notify _____ Relationship to child _____

Phone _____

Another person to notify _____ Relationship to child _____

Phone _____

Family Physician _____

Phone _____

Insurance Company _____

Policy Number _____ Group Number _____

Are you allergic to any medications, insect stings, food, etc? _____

Explain _____

Are you presently taking any prescribed medication? _____

Please list name & dosage. _____

Is there any special medical information we need to be aware of such as previous surgeries, special diet, or illness?

May we use appropriate pictures of your child on FBC Plano websites/publications? (circle one) YES NO

*Your child's name will not be included with or in their photo.

**THE FOLLOWING FORM MUST BE COMPLETED BY THE CHILD'S PARENT/GUARDIAN
IN ORDER TO PARTICIPATE IN FBC PLANO PRESCHOOL/CHILDREN'S MINISTRY ACTIVITIES
DURING 8/2017 – 8/2018.**

_____ (child's name)

I understand that I, _____, a parent/legal guardian of the above named child, do hereby grant permission to the responsible adult of First Baptist Church Plano activities to obtain necessary medical attention in case of sickness or injury to the above named person.

NOTE: Every attempt will be made to contact the parent and emergency contact person before any medical attention is given.

I further grant my permission to any doctor, nurse or otherwise trained and authorized medical personnel to administer medication, to perform surgery, and to further perform any diagnosis and medical treatment necessary for the welfare of the above named person. I furthermore take full financial responsibility in case of such emergency.

I also release, acquit, discharge, and covenant to hold harmless First Baptist Church Plano or its representatives, or sponsors, from any and all actions, damages, or liabilities arising out of the treatment of my child for any sickness or accident, and accept financial responsibility for all medical treatment provided during the attendance of First Baptist Church Plano Preschool/Children's Ministry activities.

Name of Parent/Legal Guardian (Please Print)

Date

Signature of Parent/Legal Guardian