



# Children's 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 2010**.

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Pertinent Medical Information (diabetes, allergies, asthma, etc).

\_\_\_\_\_  
\_\_\_\_\_

Parent or LEGAL Guardian (Print and Sign Name)

Date