FBCPS WEEKDAY PRESCHOOL CONSENT FOR TREATMENT

The information requested on this form must be submitted as part of the requirements for participating in the Weekday Program of First Baptist Church, Powder Springs, GA. The information will be treated in a confidential manner and utilized only in matters concerning the health and welfare of the person concerned

CHILD'S NAME_____ AGE_____ BIRTHDATE_____

ADDRESS_____

HOME PHONE_____ CELL PHONE_____

PARENT'S NAME_____WORK PHONE_____

NAME OF PERSON OTHER THAN PARENT TO NOTIFY IN CASE OF EMERGENCY

NAME_____ TELEPHONE_____

ADDRESS_____

MEDICAL INFORMATION

PRIOR ILLNESSES OR SURGERIES_____

DOES YOUR CHILD HAVE: DIABETES_____EPILESPY_____ASTHMA_____MENTAL DISORDERS_____
HEART PROBLEMS_____ OTHER_____

DO YOU CONSIDER YOUR CHILD'S HEARING NORMAL?_____VISION NORMAL?_____SPEECH NORMAL_____HAVE ANY OF THESE BEEN TREATED BY A DOCTOR?_____
IF SO, PLEASE EXPLAIN_____

PRESENT MEDICAL CONDITION_____

ALLERGIES (FOODS, MEDICATIONS, INSECTS)_____

PRESENT MEDICATIONS AND DOSAGES_____

CHILD'S PHYSICIAN_____ TELEPHONE_____

OTHER FAMILY PHYSICIAN_____ TELEPHONE_____

AUTHORIZATION FOR EMERGENCIES

A. Permission is granted for the officials of the church (teachers) to administer first aid, to obtain the services of a licensed physician, and to arrange transportation to a medical facility in case the person named above is seriously ill or injured and requires hospitalization.
B. Permission is also granted to the attending physician to render whatever treatment he/she deems best for the person's welfare. The individual whose signature appears below will assume the responsibility for all expenses incurred.
C. I hereby release and discharge the First Baptist Church Powder Springs, its employees and officials, including volunteer chaperones, for any and all liability in case of accident or any other injury which might occur to my child or children through administering first aid, transporting to a medical facility, and I hereby release said aforementioned officials from any liability because of any injury or damage which might occur.

INFORMATION FOR INSURANCE COMPANY

Name of Insurance Company_____
Policy Number_____ Group Number_____

_____
Signature of Parent or Guardian

_____ Signed and Sealed, this the _____ day of _____ 20_____
Signature of Notary