

Jersey Village Baptist Church Preschool/Children's Medical Release Form

August 1, 2007—August 1, 2008

Child's Name _____ Home Phone # _____

Grade level as of Sept. 1, 2007: _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Parent(s) or Guardian:

Mother: Name _____ Work # _____ Cell # _____

Father: Name _____ Work # _____ Cell # _____

State Law requires the information below for everyone:

Insurance Company _____ I.D. # _____

Supply a copy of the front & back of your insurance card

Insurance Co. address _____

City _____ State _____ Zip _____ Phone _____

I, (parent/guardian name) _____ hereby authorize any staff member of Jersey Village Baptist Church to consent to all medical procedures involving my child _____, date of birth _____. Any staff member of Jersey Village Baptist Church is authorized to consent to non-emergency as well as emergency procedures including any surgery necessary to save my child's life. This authorization includes routine doctor visits and/or the administration of any medication. This authorization is valid from the date of *August 1, 2007 to August 1, 2008*. A copy of this document shall have the same effect as the original. My child's primary physician is _____ and this doctor is authorized to release my child's medical records without liability to the recipient of this authorization for the purposes of medical treatment.

Parent/Guardian signature _____

Contact person(s) if parent/guardian is not available:

1. _____ Phone _____

2. _____ Phone _____

Name of physician _____ Phone _____

Physician's address _____

Child's allergies: _____

Is your child allergic to any medication? _____ If so, please list below:

Medication your child is currently taking _____

Does your child have any of the following?:

__Diabetes __Epilepsy __Asthma __Heart trouble __Thyroid trouble __Rheumatic Fever

If the answer to any of these conditions is yes, please explain: _____

Note: parents will be contacted if there are medical problems.