

FBCPS Weekday Preschool – Consent for Treatment

The information requested on this form must be submitted as part of the requirement for participating in the Weekday Preschool 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 _____ Birthday _____

Address _____

Phone _____

Parent's Name _____

Address _____ Work Phone _____

Name of Person other than parent to notify in case of an emergency:

Name _____ Phone _____

Address _____

Information for Insurance Company: Name of Insurance Company _____

Policy # _____ Group # _____

MEDICAL INFORMATION

Prior illnesses or surgeries _____

Does your child have: Diabetes? Epilepsy? Asthma? Mental Disorders? Heart Problems??

If yes, please explain _____

Present Medical Condition _____ Allergies (medications, food, etc. _____)

Current Medications and Dosages _____

Child's Physicians _____ Phone _____

AUTHORIZATION FOR EMERGENCIES

- Permission is granted for the officials of the church (Weekday staff) to administer first aid; and 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
- Permission is also granted to the attending physician to render whatever treatment he deems best for the person's welfare, and the responsibility for all expenses incurred will be assumed by the individual whose signature appears below.
- I hereby release and discharge FBCPS, its employees and officials, including volunteer chaperones from 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 injury or damage which might occur.

Signed and Sealed, this the _____ day of _____ 20____

Signature of Parent or Guardian

Signature of Notary