



### Permission Slip and Medical Release Form

I, the undersigned, hereby give my permission for my child(ren) to ride the church bus and attend North Stonington Baptist Church. I understand that North Stonington Baptist Church and their sanctioned members are not liable in case of accident. I understand that all precautions will be taken in order to provide a safe and worthwhile transportation. I also understand that my child will be traveling to and from church on a bus or van. In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize North Stonington Baptist Church to take my child to the nearest hospital with emergency care.

I hereby consent to the participation of my child in all the regularly scheduled activities of North Stonington Baptist Church. Further, I certify that my child is physically fit and adequately trained to participate in such events. I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that North Stonington Baptist Church will not be responsible for medical expenses incurred solely on the basis of this authorization.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

### Medical Questionnaire

Are any of your children presently being treated for an injury or sickness or taking any form of medication for any reason? (If yes, please explain)                      Yes      No

\_\_\_\_\_  
Do any of your children require a special diet? (If yes, please explain)                      Yes      No

\_\_\_\_\_  
Do any of your children have (or have ever had) any of the following: (Please circle and explain below)  
Seizure Disorders    Asthma    Heart Murmur    Diabetes    Kidney Disease    Other \_\_\_\_\_

\_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Sex: M    F

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor Phone:(\_\_\_\_) \_\_\_\_\_

\*There is space on the back for more children if necessary

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_ Sex: M F

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor Phone:(\_\_\_\_) \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_ Sex: M F

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor Phone:(\_\_\_\_) \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_ Sex: M F

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor Phone:(\_\_\_\_) \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_ Sex: M F

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor Phone:(\_\_\_\_) \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_ Sex: M F

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor Phone:(\_\_\_\_) \_\_\_\_\_

\*If more space is needed, please include all of the above information for any other children on a separate sheet of paper