

KLIC PERMISSION FORM

TO TAYLORSVILLE ELEMENTARY:

Please allow my child to be picked up by the First Baptist Church KLIC volunteers every Tuesday of the school's calendar year. They have my permission and medical release forms for my child.

Child's Name: _____

Parent's Name: _____

**Parent's
Signature:** _____

MEDICAL RELEASE FORM

First Baptist Church Taylorsville

As the parent/legal guardian of _____
Student's Name

I request that in my absence the above-named student be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentist, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment.

Student Birth Date: _____ Date of last Tetanus Booster: _____

Allergies: _____

Other Medical Conditions: _____

Family Physician: _____ Phone # _____

Name of Parent/Guardian: _____

Address: _____

Home Phone # _____ Work _____ Cell _____

Person responsible for charges (if different from above) _____

Address: _____

Home Phone # _____ Work _____ Cell _____

Person to notify if parent/guardian is unavailable: _____

Address: _____

Home Phone # _____ Work _____ Cell _____

Medical and/or Hospital Insurance Co. _____ Phone # _____

Policy Holder _____ Policy # _____

Signature of Parent/Guardian: _____ Date: _____

Sworn to and subscribed before me on the _____ day of _____, Yr _____

Notary Public _____

My Commission expires: _____

Parent's/Guardian's e-mail address:
