

Preston Baptist Church
Mid-Week Mentor Permission Slip & Emergency Notification Form

Child's Name: _____ Grade: _____ Birthdate _____

Parent's Name: _____ Lives with: _____
Father Mother

Mailing Address _____
City State Zip

Home Phone: _____ Cell Ph/Pager: _____

Email Address _____

Work Phone: _____

Father Mother
Individuals authorized to provide assistance & given permission to transport child:

1. _____ Phone: _____

Child's Photo

2. _____ Phone: _____

3. _____ Phone: _____

In the event of a disaster, indicate a name and phone number of an individual who lives out of state. The emergency contact will be notified only when parents cannot be reached in a disaster after 72 hours.

Emergency Contact: _____ Relation: _____

City/State _____ Phone: _____

HEALTH DOCUMENTATION

Does your child have any of the following conditions? Y/N

Allergies ____ Asthma ____ Bee Sting Allergy ____ Cardiac ____ Congenital Defect ____ Diabetes ____

Hyperventilation ____ Orthopedic ____ Kidney Problems ____ Seizures ____ Food Allergy ____

Hearing ____ Visual ____

List Food Allergy or other: _____

Indicate emergency care or special considerations: _____

Identify medications that your child takes regularly: _____

Does your child wear prescription lenses? _____ Contacts? _____ Glasses? _____

Dentist: _____ Phone: _____

Physician: _____ Phone: _____

Hospital Preference: _____ Phone: _____

If parents and authorized physician cannot be reached at the time of an emergency and if an immediate observation or treatment is urgent in the judgment of the PBC authorities, do you authorize and direct the authorities to send the child (properly accompanied) to the hospital or doctor most accessible? Yes ____ No ____

Parent/Guardians Signature: _____ Date: _____