

Child's Name : _____

Physician's Name : _____ Physician's Phone Number : _____

Physician's Address : _____

List any medications your child is taking :

Allergies (Food, Medicines, Bites, Plants, etc) :

Are any of these allergies life threatening? YES NO

Please describe any current or past medical conditions or surgeries we should know about :

My permission is granted for the Station Hill Mother's Day Out director or assistant director to obtain necessary medical attention in the event of an emergency or injury to my child. I understand that every effort will be made to contact me should such a situation occur. I also grant permission to the above named individuals to obtain medical information from my child's physician or any other institution or health care provider who has knowledge of my child's medical history. I understand that all information obtained will be kept strictly confidential and will be used only to aid Station Hill Mother's Day Out in better serving the needs of my child.

I also do hereby verify that the above information is correct and I do hereby release all employees of Station Hill Mother's Day Out and Brentwood Baptist Church from any claims and actions arising out of any damage or injury to my child while he/she is a participant of Station Hill Mother's Day Out.

Signature : _____ Dated this _____ day of _____, 20__

in the State of Tennessee, Maury County, _____ personally appeared before me

_____ and in my presence executed the foregoing permission and release form. Witness my hand and

official seal. My commission expires _____. Notary _____