



Paradise Hills United Methodist Church

Medical Information

Summer 2022

Doctors Name: _____

Phone Number: _____

Dentist's Name: _____

Phone Number: _____

WE WILL CALL 911 AND SEEK EMERGENCY CARE FOR YOUR CHILD IN THE EVENT OF A SERIOUS INJURY!

I _____ hereby authorize PHUMC to provide emergency medical treatment and transportation in the event of a medical emergency involving my child _____.

Child's Name

Child's Name

Parent's Signature

Date

Known Allergies: _____

Indicators of reaction _____

Medical Conditions: _____

If None please initial _____

Signature Page

*I have read and understand the *PHUMC Parent Handbook*. _____ (*Parent's Initial*)

* I give PHUMC permission to use my child's picture for class projects, label cubbies, injury documentation, etc.
_____ **YES** (*Parent Initial*) _____ **NO** (*Parent Initial*)

* I give PHUMC permission to use my child's picture on the preschool Facebook page. I understand that children's names will not be used with any posting. _____ **YES** (*Parent's Initial*) _____ **NO** (*Parent's Initial*)

* I give permission for my child _____ to participate in walks or excursions away from the PHUMC. I understand that every possible precaution will be taken to ensure the health and safety of my child.
_____ (*Parent's Initial*)

* I understand that it is my responsibility to inform the church administration immediately upon any changes to my child's information contained in this registration packet which includes ALL phone numbers, email addresses, name changes, custody, and authorized emergency contact people. _____ (*Parent's Initial*)

Child's Name

Parent's Signature

Date