



237 N. Main St.
Suffolk, VA 23434
(757) 925-0274

FAMILY MEDICAL CONSENT & EMERGENCY INFORMATION

To Whom It May Concern:

I, _____ parent or legal guardian of

1. Child's Name _____ Child's Birthday _____

2. Child's Name _____ Child's Birthday _____

3. Child's Name _____ Child's Birthday _____

4. Child's Name _____ Child's Birthday _____

Address _____ Home Phone _____

Do hereby give my consent to any hospital, paramedic, etc. to administer the necessary treatment to my child in the event of an accident or serious illness. In addition, I give consent to the staff of First Baptist Christian to transport my child by ambulance at my expense, if the situation warrants it.

Signature of Parent/Guardian

Does your child take any medicine regularly? _____ If yes, Please explain:

List any allergies to foods, medicines, etc. _____

Physician's Name _____ Phone _____

Address _____

Insurance Company _____ Policy Number _____

Father/Guardian's Name _____

Place of employment and address _____

Work Phone _____ Beeper/Cellular _____

Mother's Name _____

Place of employment and address _____

Work Phone _____ Beeper/Cellular _____

Please list two (2) people to contact in an emergency if parents cannot be reached:
(Please make sure the contacts are local and accessible)

1. Name _____ Relationship to child _____

Address _____

Home Phone _____ Beeper/Cellular _____

Place of Employment _____ Work Phone _____

2. Name _____ Relationship to child _____

Address _____

Home Phone _____ Beeper/Cellular _____

Place of Employment _____ Work Phone _____

Please list persons **authorized** to pick up your child:

1. 4.

2. 5.

3. 6.

Please list persons **not authorized** to pick up your child.

1. 4.

2. 5.

3. 6.

Other important information we need to know about you child: