

GEORGETOWN BAPTIST CHURCH
207 S. Hamilton Street, Georgetown, KY 40324 PH. 8632739

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General and Medical Permission Form

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My child, _____, has permission to attend all officially sponsored activities of the Georgetown Baptist Church. Adult sponsors and leaders also have my permission to secure any medical care in the event my child becomes ill or in the event of an accident. I acknowledge that any and all medical care costs will be my responsibility.

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Primary Contact & Phone _____

Primary Contact & Phone _____

Emergency Contact & Phone _____

Emergency Contact & Phone _____

Family Doctor's Name _____ Phone _____

Family Doctor's Name _____ Phone _____

Signature of Parent or Guardian _____ Date: _____

Signature of Parent or Guardian _____ Date: _____

Health insurance company _____
(please include a photocopy of insurance card)

Health insurance company _____
(please include a photocopy of insurance card)

Policy number _____

Policy number _____

Allergies/ Medications _____

Allergies/ Medications _____