

GEORGETOWN BAPTIST CHURCH
207 S. Hamilton Street Georgetown Ky. 40324 PH. 863-2739
General and Medical Permission Form

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.

Home Phone Number _____ Emergency Phone Number _____

Family Doctor's Name _____ Phone Number _____

Signature of Parent or Guardian _____ Date: _____