

Permission Form

I hereby grant permission for my child, _____,
to use all of the play equipment and participate in all of the activities of the Black Mountain Presbyterian
Church Weekday School and for the Director to take whatever steps may be necessary to obtain emergency
medical care if warranted.

Please fill this out completely. This emergency information travels with us on field trips.

Child's Name _____ Date of Birth _____

Child's SS# _____ Allergies _____

Is Child on any regular medication? _____ If so, what? _____

1) Parent/Guardian _____

Phone: Work _____ Home _____ Cell _____

2) Parent/Guardian _____

Phone: Work _____ Home _____ Cell _____

Physician _____ Phone Number _____

Medical Insurance Company _____ Policy Number _____

Any other emergency information you would like included:

Local Emergency Person (*and their relationship to child*) to contact if parents not available:

Name _____

Phone: Work _____ Home _____ Cell _____

Parent or Guardian Signature _____ Date _____