



Brian T. Clark
Student Pastor

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2010 Permission Forms:

Dear Friends,

It is time once again to update our Emergency Medical Forms. Attached you will find a 2010 Emergency Medical Form. It is identical to the 2009 Emergency Medical Form that you likely filled out last year. The only difference in this year's form is the updated date reflecting the 2010 year. I realize these forms become redundant, however the 2009 form states it expires on December 31st 2009. Please fill out this form, sign the bottom, and return it at your earliest convenience. I appreciate your cooperation in this matter.

Few points to remember:

1. An updated 2010 Emergency Medical Form must be completed and signed in order for any child to participate in a 2010 activity.
2. The Current 2009 Form will be active only until December 31st 2009.
3. Please remember to update the form with the church throughout the year if your insurance policy, or child's information changes in any way.
4. Your contact information is vital because our first response to any medical emergency will be to contact you.
5. Additional forms are available online, and from Brian Clark
6. Forms can be mailed to the church or returned on any Sunday.

Thanks,

Brian T. Clark
Student Pastor

Beechwold Christian Church 2010 Emergency Medical Form

I hereby give _____ (Student's Name) permission to attend all officially scheduled activities of Beechwold Christian Church from today's date through December 31st 2010. I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity, I hereby give my permission to the physician or dentist selected by activity leader or licensed emergency personnel to secure medical treatment and or hospitalize my child as deemed necessary for reasonable medical treatment.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Additionally, I am responsible for any addition balance that is not covered by my insurance provider.

I understand all reasonable safety precautions will be taken at all times by Beechwold Christian Church and its staff and volunteers during all activities. I understand that possibility for unforeseen hazards and know the inherent possibility of risk. I agree not to hold Beechwold Christian Church its staff or volunteers liable for any damage to person or property.

Date: _____
_____ Signature of Parent or Guardian

Medical Information:

Current Medication _____

Allergies _____

Family Doctor _____ Phone _____

Dentist _____ Phone _____

Health Insurance Co. _____ Policy# _____

Address _____

Preferred Hospital _____

Legal Name of Son or Daughter _____

Date of Birth _____

Contact Info

Father/Mother Guardian: _____

Home Address: _____

Home Phone or Cell: _____

Secondary Emergency Contact Name: _____ Phone: _____