



FIRST PRESBYTERIAN CHURCH of Smyrna  
Mother's Day Out  
540 Sam Ridley Parkway W  
Smyrna, TN 37167  
615-220-0222

PARENTAL RELEASE AND MEDICAL INFORMATION FORM

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

AUTHORIZATION & RELEASE STATEMENT

I hereby release First Presbyterian Church, its staff, and chaperones from responsibility and liability for an injury or illness that my child may sustain during the events and activities in which my child participates. In the event that I am not able (as well as the alternate contact) to be reached, I hereby authorize an adult leader of the program, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital.

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: Cell \_\_\_\_\_ Day \_\_\_\_\_

Evening \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: Cell \_\_\_\_\_ Day \_\_\_\_\_

Evening \_\_\_\_\_

INSURANCE INFORMATION

Name of Insurance Company \_\_\_\_\_

Policy/Group Number \_\_\_\_\_

Name on the Policy \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_

PLEASE COMPLETE BACK SIDE

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**MEDICAL INFORMATION**

Name and dosage of medications taken:

\_\_\_\_\_  
\_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Symptoms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Epipen Required: YES NO

Epipen Provided: YES NO

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Does your child wear glasses: YES NO

Does your child have any distinctive birthmarks: If yes, please indicate where they are located.

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Pre-existing or present conditions we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_