

**First Baptist Church Monroe Weekday Education Program**  
**Medical Information and Medical Release Form**  
**2024-2025**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Parents \_\_\_\_\_

Contact Numbers:

Mother: \_\_\_\_\_ Primary Contact Number \_\_\_\_\_ Work \_\_\_\_\_

Father: \_\_\_\_\_ Primary Contact Number \_\_\_\_\_ Work \_\_\_\_\_

Child's Physician \_\_\_\_\_ Office Number \_\_\_\_\_

Hospital Preference \_\_\_\_\_

(Weekday Education Program will contact 911 in emergency situations and will follow their recommendations on medical treatment and transport.)

Name of person(s), other than parents, authorized to act for parents in an emergency (this person should also be listed on the registration form):

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Contact Numbers \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Has your child been professionally tested for and/or diagnosed with, or received services for any of the following? If yes, please explain:

AD/HD  No  Yes \_\_\_\_\_

Vision  No  Yes \_\_\_\_\_

Speech Delay  No  Yes \_\_\_\_\_

Hearing Delay  No  Yes \_\_\_\_\_

Language Delay  No  Yes \_\_\_\_\_

Developmental Delay  No  Yes \_\_\_\_\_

Behavioral Issues  No  Yes \_\_\_\_\_

Other  No  Yes \_\_\_\_\_

Weekday Education is not staffed or equipped to provide special services for those diagnosed with any of the above or other special needs. It is the parent's responsibility to provide such services. Weekday will work with parents and students to the best of our ability. If we cannot provide the optimum educational experience for the child and other students in the classroom, Weekday reserves the right to withdraw the child from our program.

**(OVER PLEASE)**

Does your child have allergies (medications, insects, food, latex, etc.)?

No

Yes (Please explain.) \_\_\_\_\_

Is your child currently under a physician's care or using medication?

No

Yes (If yes, please provide information \_\_\_\_\_)

Is your child covered by medical insurance?

No

Yes Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Are there any special instructions or information about your child that would be helpful to the Weekday Education Program?

No

YES (Please provide information : \_\_\_\_\_)

### Waiver of Liability

I do hereby verify that the information listed on the form is correct, and I understand that it is my responsibility to keep this information updated and correct (written notification required).

It is mutually agreed that in the event of an accident or illness of my child while in the care of First Baptist Church Monroe Weekday Education Program, the Weekday Program shall use its best efforts to contact the parent(s) immediately. When the parent(s) cannot be immediately contacted, the Weekday Program will use its best efforts to contact the emergency contacts listed on this Medical Information and Medical Release Form. In the event that the parents and the emergency contacts are not immediately available, the Weekday Program is authorized to secure such care as the situation may reasonably warrant.

The parent(s) agrees that where the Weekday Program has acted in good faith to comply with an accident and/or illness procedure, it shall not be liable for any accident and/or illness to the child, any and all liability as might otherwise exist being expressly waived by the parent.

The parent(s) accepts all financial responsibilities concerning any medical treatment. Parent(s) also accepts responsibility to have child picked up immediately in the event of illness or accident or for disciplinary reasons.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_