# MEDICAL & PHOTO/ADDRESS RELEASE INFORMATION
## 2021-2022

**1.** Child's full name: _____

**2.** Will you be leaving medication at PSWD to be given on an "as needed" basis? _____

A. If so, what medications? _____

B. Please describe in detail the circumstances under which this medication would need to be administered to your child: _____

_____

_____

**3.** Please list any allergies: _____

_____

_____

**4.** Please check all that apply to your child:

| | YES | NO |
|---|---|---|
| Asthma | ☐ | ☐ |
| Speech Delays | ☐ | ☐ |
| Developmental Delays | ☐ | ☐ |
| Hearing Problems | ☐ | ☐ |
| Bladder/kidney problems | ☐ | ☐ |
| Vision Problems | ☐ | ☐ |
| Seizures | ☐ | ☐ |
| Heart Murmur | ☐ | ☐ |
| TB | ☐ | ☐ |
| Hemophiliac | ☐ | ☐ |

**5.** Please list any medical problems or history not listed above: _____

_____

_____

## Photo, Phone Number & Address Release

Please indicate if you give permission for the following. By not checking, you are declining authorization.

_____ Yes, I give PSWD permission to publish my child's photo in the PSWD newsletter, on social media, and on our website.

_____ Yes, I give PSWD permission to give my phone number, address and/ or email address to other PSWD families.

_____

Parent Signature

**CENTRAL BAPTIST CHURCH OF BEARDEN**
**PHONE: 865.450.1000 X2**