

**WINONA FRIENDS CHURCH**  
4615 Whinnery Road, Salem, Ohio 44460 (330)-222-1551

# \_\_\_\_\_

**Child Information and Medical Release Form**

Please fill out the following information concerning your child to be kept on file at WFC:

Child's **LAST** Name \_\_\_\_\_ Child's **FIRST** Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_ Addt'l Phone \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Current Grade \_\_\_\_\_

**Emergency Contact Information** – If you cannot be reached, whom should we contact?

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone \_\_\_\_\_ Addt'l Phone \_\_\_\_\_

**Individual(s) Permitted to Pick-up/Drop-off Your Child**

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

**Individual(s) NOT Permitted to Pick-up/Drop-off Your Child**

\_\_\_\_\_

**Medical Information** – List any allergies (including food) or special medical needs, if applicable:

\_\_\_\_\_

\_\_\_\_\_

## PERMISSION FORM FOR WFC

I hereby give permission for my son/daughter \_\_\_\_\_ to  
participate in activities at Winona Friends Church from \_\_\_\_\_ 20\_\_ to \_\_\_\_\_ 20\_\_.

### **Residential Parent or Guardian:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone number(s): \_\_\_\_\_

### **Emergency Medical Information**

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital of choice incase of emergency: \_\_\_\_\_

### **General Health Information of Child**

Any allergies or illness: \_\_\_\_\_

Any activity restrictions: \_\_\_\_\_

Wearing glasses: Yes  No

To the best of my knowledge, the above health information is correct and the above named person has my permission to engage in all activities unless otherwise stated. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by the event director to secure proper treatment for my child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian