

# W.A.S.H.

## Wednesday After School Happenings

Pleasant Hill Baptist Church, 24310 N. Sardis Road, Bauxite, AR 501-557-5153

Student's Name \_\_\_\_\_ Male or Female Age \_\_\_ Grade \_\_\_\_\_

Parent's/Guardian Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Number(s) \_\_\_\_\_

Any medical conditions or allergies that will limit your child's participation of activities (please list all allergies including food allergies) \_\_\_\_\_

\_\_\_\_\_

I give permission for my child to be given the following medications if needed (please initial):

Tylenol \_\_\_\_\_

Advil \_\_\_\_\_

Pepto Bismol \_\_\_\_\_

### Emergency Information

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

My permission is granted for the Staff in Charge at Pleasant Hill Baptist church to obtain necessary medical attention in case of sickness or injury to my child.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

My permission is granted for Pleasant Hill Baptist Church to pick my child up from Pine Haven Elementary School.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## W.A.S.H.

Please list the names of authorized people to pick up your child from Pleasant Hill Baptist Church.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_