

WEEKDAY EDUCATION PROGRAM

First Baptist Church
3339 Virginia Avenue
Collinsville, VA 24078

FIRST AID PERMISSION

Child's Name: _____

Age: _____

I give First Baptist Church Weekday Education Program staff permission to administer first aid to my child. In case of emergency, the school staff will promptly contact the parents. If neither the parent nor the emergency contact can be reached, and in case of surgical emergency, I hereby give permission to the physician selected by the Weekday Education Program Director to secure proper treatment for my child named above.

Signature: _____
(parent or guardian)

Date: _____