



Zion Hill Baptist Church
Time with God Preschool
& Parents Morning Out
Medical and Insurance Release Form
2026-2027 School Year

Child's name: _____ Date: _____

Doctor: _____ Phone: _____

Hospital: _____ Phone: _____

Dentist: _____ Phone: _____

Allergies(Medical or foods): _____

Special conditions your child's teacher should be aware of: _____

I understand that my child will be participating in activities while attending Zion Hill Baptist Church TIME WITH GOD PRESCHOOL & PARENTS MORNING OUT.

I acknowledge that the child has insurance through my own insurance carrier.

We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in Zion Hill Baptist Church 'TIME WITH GOD PRESCHOOL & PARENTS MORNING OUT'; and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bill, if any.

Hospital Insurance: ___Yes ___No Copy of the insurance card attached: _____

Name of Insurance Company	Insurance Company phone #
Primary Policy Holder name	Policy number/Member ID
Group name	Group number

Father's Signature: _____ Date: _____

Print name: _____

Mother's Signature: _____ Date: _____

Print name: _____

The Time with God Preschool & Parents Morning Out admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs.