

Grade: _____ Name: _____ / _____ / _____
(2019-2020) (Last) (First) (Middle)

FBCSP Pre-School 2019-2020
First Baptist Church, 200 East New York Avenue, Southern Pines, NC 28387
(910) 692-8750 • www.fbcsp.org

Information and Medical Release Form (to be completed by parents or guardians)

Student's Name _____ Date of Birth ____/____/____
Last First Middle Initial

Address _____
Street City State Zip

Primary Phone Number _____

Grade for 2019-2020 _____ School _____

Parent/Guardian _____ Relationship to Student _____
Last First Mid. Init.

Address _____
Street City State Zip

Mother:
Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ Do You Use Text? ____ Yes ____ No

Father:
Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ Do You Use Text? ____ Yes ____ No

Medical History of Student

Dietary Allergies (gluten, dairy, nuts, etc.) _____

Drug Allergies _____

Allergic to Bee Stings? ____ Yes ____ No

General Allergies _____

Medications _____

Special Health Problems, Concerns, and/or Instructions _____