

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

FBCSP Kids 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 _____

Insurance Information for Student

Insurance Company _____ Phone Number _____

***** Please attach a copy of the front and back of your insurance card. *****

Policy Number _____ Group Number _____

Physician _____ Phone Number _____

Address _____

Dentist _____ Phone Number _____

Address _____

Permissions

I do hereby certify that my child, _____, has permission to participate:

In all planned activities for FBCSP Kids _____ Yes ___ No ___ Initial ___

In church newsletter, television, or newspaper photographs _____ Yes ___ No ___ Initial ___

In photographs on the church website (student’s name would not be used) _____ Yes ___ No ___ Initial ___

I understand that it is the expectation of First Baptist Church that my child will remain for the duration of the scheduled event unless they, or their parents, notify the adult leadership of the event.

I understand that First Baptist Church does not carry accident or medical insurance on participation volunteers. I agree that my insurance company will be used for such medical care expenses. I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance and that I am responsible for the payment of any medical bills.

Signature of Parent or Legal Guardian _____

Date Signed _____

Please bring this completed form to the church office or mail to:

First Baptist Church
Attention: Bryan Moore or Susan Ward
200 East New York Avenue
Southern Pines, NC 28387

Please contact Lisa Corbett in the church office at (910) 692-8750 if you have any questions. Thank you!

Certificate of Acknowledgement

State of _____

County of _____

On _____, before me, _____, personally appeared,
(date) (notary)

_____, personally known to me.
(signer)

WITNESS my hand and official seal

My Commission Expires:

(seal)

(notary signature)
