

Last Name: _____ Grade: _____

**First Baptist Church, Southern Pines
Information, Permission, and Medical Release Form**

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

Address _____
Street City State Zip Code

Phone Number _____

Grade for 2010-2011 _____ School _____

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

Address _____
Street City State Zip Code

Home Phone _____ Work _____ Cell _____

Medical Information

Allergies _____

Special Health Problems or Concerns _____

Insurance _____ Phone Number _____

Attach a copy of the front and back of your insurance card

Policy Number _____ Policy Holder's ID # _____

Physician _____ Phone Number _____

Address _____

Dentist _____ Phone Number _____

Address _____

