

Grade: _____ Name: _____ / _____ / _____
(2020-2021) (Last) (First) (Middle)

FBCSP Pre-School 2020-2021
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:

Rev. Bryan Moore
First Baptist Church
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!