

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

FBCSPYG 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 give permission for my child’s image or photo to appear in church newsletters, on the church website, on church social media (e.g., Facebook, Instagram, etc.), on television, or in newspapers. Please note that your child’s name would not be used unless permission is granted otherwise.

____ 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.

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with First Baptist Church, every reasonable effort will be made to contact the persons listed on the reverse side. If unsuccessful in contacting the persons listed, consent/permission is given for treatment of competent medical personnel.

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!

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)
