

FIRST BAPTIST CHURCH – 915 E Sugnet Rd – Midland, MI 48642 – 989.835.6731
REGISTRATION / INFORMATION / PERMISSION / MEDICAL TREATMENT FORM
2017

1st Minor's Name: _____ Age: _____ Date of Birth: ____ / ____ / ____

Grade: _____ Sex: M or F School Attending: _____

Student's Email Address: _____

2nd Minor's Name: _____ Age: _____ Date of Birth: ____ / ____ / ____

Grade: _____ Sex: M or F School Attending: _____

Student's Email Address: _____

*Additional children may be listed on back of form

Father's Name: (Please Print) _____ **Contact Phone:** _____

Mother's Name: (Please Print) _____ **Contact Phone:** _____

Home Address: _____
(Street) (City) (Zip)

E-Mail Contact: _____

Please use the space below to let us know anything else that we should know about your student or anything you feel would help make your student's experience more enjoyable:

Designated Pick-Up Person(s) for my student: _____ Phone: _____

OR

I give my student permission to meet me at: _____ Bicycle _____ Walk Home _____

Pictures/Video's may be taken of my minor student for FBC publicity purposes. ____ Yes ____ No

_____ may go on field trips sponsored by First Baptist Church.
minor's name(s)

Emergency Contacts: (Please list Name & Relationship to Child)

1. _____ Phone: _____

2. _____ Phone: _____

In the unlikely event that a medical emergency should arise for my minor, I hereby give my consent to the Leaders and Adult Sponsors of First Baptist Church (FBC), Midland, to secure emergency medical and surgical treatment, and to provide routine, non-surgical medical care for the minor named above, while participating in FBC activities. I understand that all effort will be made to contact me first.

Medical / Allergy Info: (List allergies to FOOD, MEDICINE or INSECT BITES, and any info pertinent to your child's safety, i.e. asthma, diabetes, seizures, etc.)

Insurance Provider: _____ Insured: _____
Insurance Company Name Primary's Name

Parent Printed Name: _____

Parent Signature: _____ Date: _____
Rev. 1-26-2017 (This form is good for one year from this date.)