



Child Medical Info and Permission Form

Effective January 1, 2016 through December 31, 2016

Please attach two copies of both sides of your insurance card.

Name of Child _____
Address _____
Home Phone _____ Cell Phone _____
Email _____
DOB _____ Age _____ Grade _____ Gender _____
Emergency Contact Name _____ Phone Number _____
Church Membership _____

List any Allergies, Prescribed Medications, or Physical Limitations your child may have:
(use reverse side of form if needed)

Who will be picking up and dropping off your child at church? (Remember parents or responsible adult must pick up children from classrooms or playground on Wednesdays promptly at 7:30pm.)

Health Insurance Company _____
Policy Number _____

For your information, we expect each child to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' restrooms or sleeping quarters and no girls in boys' restrooms/sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules- be on time!

Students who fail to comply with these expectations will be required to contact their parents and meet with the Minister to Children with their parents. Students who fail to comply with these expectations may be sent home from off-campus events at their parents' expense.

I have read the rules of conduct, the above health information. I agree to abide by the code of conduct.

Child's signature: _____ Date: _____

My permission is granted for adult chaperones, in my absence, in charge to obtain necessary medical attention in case of sickness or injury of my child during off-campus trips and on-campus children events. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge First Baptist Church of Pendleton and the adult chaperones and leaders from all claims, demands, actions, past, present, or future arising out of damage or injury while participating in or traveling to and from FPCP children ministries.

Parent/Guardian Signature _____ Date: _____

Photographs, audio recordings, and video recordings may be created at church events. May we use recordings of you or your child in publications, videos, website design or other media expressions? _____ Yes _____ No