



The First Baptist Church, Henderson, NC
2019-2020 After-School Programs
Permission Form

Parents: Please return this form to the church, either online or in person by Friday, August 30th!

My child has my permission to participate in the Children's Ministry programs and to ride the church vans of the First Baptist Church for all activities of the Children's Ministries for the 2019-2020 school year. In the event of a medical emergency, if I cannot be reached, I grant authority for the instructors and chaperones of the First Baptist Church to seek medical treatment for my child, and I realize that any such treatment will be covered by my own insurance or at my own expense. If we receive this online, your signature is implied.

| | | |
|--|---------------------------------|-----------------------|
| Child's Full Name | (must be at least 4 by 8/31/19) | Date of Birth |
| School Attending | | Grade |
| Please list all allergies, both food and medical | | Other special needs |
| Home Address of Child | | Home Phone |
| Insurance Company | | Policy Number |
| Father's Name (and address, if different from above) | | Email (print clearly) |
| Mother's Name (and address, if different from above) | | Email (print clearly) |
| Mother's Cell | | Father's Cell |
| Parent/Guardian Signature | | Date |