



Richard Hamlin, Senior Pastor
Bill Simmons, Associate Pastor

STUDENT PERSONAL INFORMATION

STUDENT NAME: _____

ADDRESS: _____

STUDENT DOB: _____ STUDENT AGE: _____

STUDENT GENDER: _____

EMERGENCY CONTACT INFORMATION:

PARENT/GUARDIAN: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

The following statement will be valid for your student's participation **from January 1, 2017- December 31, 2017:**

I give permission for my student to join the Teens of Faith group or Kids of Faith group of Faith Missionary Baptist Church in Cabot, AR on any of its activities or trips sponsored by the church, its staff, and sponsors. I hereby release Teens of Faith or Kids of Faith from responsibility and liability for any illness or injury that my student may sustain during such. In the event of an actual emergency and a parent or guardian cannot be contacted, I hereby authorize an adult leader of this activity as agent for me, to consent to any x-ray examination, medical, dental, or surgical diagnosis, treatments and hospital care advised and supervised by a physician, surgeon, dentist (as appropriate), licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I require to be contacted as soon as possible.

Parent/Guardian Signature: _____ Date: _____

MEDICAL INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____

Group Number: _____ Policyholder & relationship: _____

Family Physician's Name/Phone: _____ Allergies: _____

Medicines: _____