

**First Baptist Church
Tallahassee, Florida
Personal Information Form
Children and Youth Ministries Program Participation**

**This form must be filled out and submitted annually.
This form is in effect August 14, 2016 through December 31, 2017.**

Please Print!

This form was submitted or updated on _____ (Date).

Full name of child/youth: _____

Nickname: _____

Date of Birth: _____ **Current Grade:** _____ **School:** _____

Address with city and zip code: _____

Child/Youth phone numbers with area code: _____

Home: _____ **Cell:** _____

Child/Youth email (please print): _____

	Mother's Info	Father's Info
Name (First and last):		
Employer:		
Work Phone (area code):		
Cell Phone (area code):		
Email (please print):		
If different from child's/youth's: Address:		
Home Phone (area code):		

Please provide information for a guardian if that info differs from any of the above.

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone (area code): _____ Email: _____

Additional Information: Name and phone number of additional contact person in case of emergency. (This should be someone who is familiar with family members and who would likely know where a parent or guardian can be located.)

Name

Phone

Medical Information:

Name of child’s physician: _____

Physician’s phone number (area code): _____

Insurance Information:

Company: _____

Name of Policyholder: _____ Group/Policy # _____

Does your child:

- a) Have allergies to:
 Food (Y / N) If Yes, please list and explain. _____
 Medications (Y / N) If Yes, please list and explain. _____
 Other (Y / N) If Yes, please list and explain. _____

- b) Have any physical restrictions which limit activities? (Y / N) If yes, list specific activity and provide explanation:

- c) Presently take any kind of medication? (Y / N) If Yes, please list and explain.

NOTE: All medications must be described, including name of medicine and dosage amount, how and when administered and given to the assigned chaperone in prescription containers prior to activity/event. (Attach list if necessary.)

Date of child’s last Tetanus shot (DPT): _____

Please provide in the space below any additional comments you would like to make regarding your child’s physical or mental health.

The information provided above is correct and complete to the best of my knowledge. It is the responsibility of the parent or guardian to update this information as needed.

Parent/Guardian Signature

Date

RELEASE STATEMENT: This is to release FBC and its Ministers, Employees, and Volunteers from any and all responsibility and liability arising out of my child’s involvement in FBC activities. The following permissions (or authorizations) are given as evidenced by initialing the Yes/No spaces below and signatures.

- a. I hereby give permission to adult personnel designated by FBC Tallahassee to obtain emergency medical services including transportation to the hospital emergency room for my child if immediate medical care is necessary. Yes _____ No _____
- b. I hereby give permission for adult personnel designated by FBC Tallahassee to administer first aid treatment to my child in any situation encountered while my child is participating in an activity with FBC. Yes _____ No _____
- c. I hereby give permission for my child to travel by means secured by the church ministry and to cross state lines to participate in activities with FBC Tallahassee. Yes _____ No _____

I agree to abide and be bound by such decisions and consents as if made by me, and do assume full financial responsibility for and agree to pay all expenses of such care. I further understand that by present Florida Law, if my child is riding in a church vehicle that is involved in an accident, he/she will be primarily covered for bodily injury under our family automobile policy.

I further agree that if my son/daughter creates a disciplinary problem, I will be responsible for all costs related to his/her early return.

I understand that photographs or videos of my child may be used in church publications. My child’s full name will not be used as identification in photographs or videos published on the website or in other external publications.

Signature of Parent/Guardian

Date

Notarized by:

Date

All information above will be assumed to be current. It is the responsibility of the parent or guardian to update this information as needed!

**First Baptist Church
Tallahassee, Florida
Authorization to Photograph, Record, and Produce**

In consideration of participating in the programs and ministries of the First Baptist Church of Tallahassee, Florida, Inc. ("Church"), I, parent/guardian of (print name on line below):

_____, hereby consent that any reproductions, photographs, and recordings in all formats and media, now known or hereafter devised may be used by the Church in whatever way they desire. Furthermore, I hereby consent that each photograph, videotape, recording, or other work are the property of the Church, and I assign to Church all reproduction rights free and clear of any claim whatsoever on my part.

Furthermore, I acknowledge that my child's full name will not be used as identification in images published on the website or in other external publications.

Parent/Guardian (Print Name)

Signature of Parent/Guardian

Date

Notary

Date

Personally known ____, or produced identification ____.

Type of ID produced: _____