

First Baptist Church Blountville
Preschool and Children's Ministry Participation Authorization

2025-2026

Child's Information

Child's Name: _____
Last First Middle

Mailing Address: _____

City: _____ State and Zip: _____

Name Child Goes By: _____ Date of Birth: ____ - ____ - ____

School: _____ Grade: _____

Home Church: _____

Family Information

Parent(s) or Guardian(s): _____

Street Address: _____

City: _____ State and Zip: _____

Home Phone: _____ Cell Phone: _____

Family E-Mail Address(es): _____

If parents are separated, with whom does the child reside? _____

Other Children in the Family

Name: _____ Date of Birth: ____ - ____ - ____ School if applicable: _____

Name: _____ Date of Birth: ____ - ____ - ____ School if applicable: _____

Name: _____ Date of Birth: ____ - ____ - ____ School if applicable: _____

Transportation and Child Release Plan

To insure the safety of your child, please list three adults to whom your child may be released to and are authorized to provide transportation. They should be prepared to present a photo ID, if requested. Your child will not be released to an unauthorized person.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

By filling out and signing this form, I, the parent or guardian of the above child, give permission for my child to be on the property of First Baptist Church Blountville and to participate in preschool and children's ministries. This participation will include, but may not be limited to, biblical instruction, contact and non-contact games, food consumption, individual and group discussions, carefully selected audio and video presentations, and transportation to and from First Baptist Blountville. This also gives permission for church leaders to contact my child or family by phone, home visit, or by mail concerning children's events and ministry opportunities and to send correspondences such as birthday and get well cards.

Parent or Guardian Signature: _____ **Date:** _____

Additional Information

The answers to these questions will help us provide the very best care for your child. We also need this information in case he/she should become ill and we would be unable to reach you right away.

MEDICAL INFORMATION

1. ___ Yes ___ No Is your child taking any medication?
If yes, please list _____
2. ___ Yes ___ No Allergies or reactions to medication?
If yes, please list _____
3. ___ Yes ___ No Any food allergies?
If yes, please list _____
4. ___ Yes ___ No Any allergies to insects?
If yes, please list _____
5. ___ Yes ___ No Does your child have asthma or difficulty breathing?
6. ___ Yes ___ No Does your child have speech or hearing problems?
7. ___ Yes ___ No Does your child have trouble with his/her eyes or seeing?
8. ___ Yes ___ No Does he/she have seizures, fits, or shaking spells?
9. ___ Yes ___ No Is your child able to play as hard as other children?
10. ___ Yes ___ No Is your child hemophiliac (free bleeder)?
11. ___ Yes ___ No Is your child on a heart monitor?
12. ___ Yes ___ No Does your child have tubes in his/her ears?

GENERAL DEVELOPMENT

13. ___ Yes ___ No Is your child in a special education class?
 14. ___ Yes ___ No Does your child get along with other children?
 15. ___ Yes ___ No Is he/she usually happy?
 16. ___ Yes ___ No Does your child have any special problems or needs not indicated above?
- _____
- _____

INSURANCE & PHYSICIAN INFORMATION

17. ___ Yes ___ No Is your child covered by personal/family medical insurance?
If yes, name of insurer _____ Policy/Group # _____
- Child's Physician _____ Office Phone _____
- Physician's Office Address _____

EMERGENCY INFORMATION

Please give an authorized person's name to act on behalf of the parent in an emergency other than the parent or employee of First Baptist Church Blountville

1. Name: _____
Home Phone: _____ Cell Phone: _____ Relationship: _____
2. Name: _____
Home Phone: _____ Cell Phone: _____ Relationship: _____

PERMISSION TO PUBLISH PHOTOS

Occasionally, First Baptist Church Blountville may wish to publish photographs or short video clips of children involved in church-sponsored activities on an Internet-accessible web server, (no names attached to photographs) a church audio-visual system, or display photographs in a church publication (bulletin, newsletter, special mailing, etc.) Do you give permission for your child to be included in these publications?

Custodial Parent: _____ Date: _____