

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

2024 - 2025

**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?
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### 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: \_\_\_\_\_