



Richard Hamlin, Senior Pastor  
Bill Simmons, Pastor of Music and Senior Adults  
Jason Goodwin, Pastor of Youth and Outreach

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, 2019- December 31, 2019:**

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: \_\_\_\_\_