



First Name: _____ Last Name: _____

DOB: _____ Gender: _____ Age: _____

Grade Last Completed: _____ Home Phone: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ ZIP: _____

In case of Emergency Please Contact:

1) _____
Name Phone Relationship

2) _____
Name Phone Relationship

Will you be taking any medicine? If yes, please complete the following:

_____ *Medicine, dosage, time of day*

_____ *Medicine, dosage, time of day*

_____ *Medicine dosage, time of day*

INSURANCE INFORMATION:
<i>Name of Insurance</i>
<i>Cardholder's Name</i>
<i>Policy #</i>
<i>Group #</i>

CHURCH INFORMATION
Spring Creek Baptist Church
<i>Name of Church</i>
Dr. Terry B. Parrish
<i>Pastor's Name</i>
Brotherhood Mutual
<i>Name of Church's Insurance</i>
03M0430298
<i>Policy #</i>
Ministry First
<i>Group #</i>
309 Insurance Dr
<i>Address of Insurance Company</i>
Fort Wayne, IN 46825
<i>City, State, Zip</i>

Please explain if a) you have recently been under a doctor's care for medical reasons, or b) there are any allergies or special health problems which we should know about.

CONSENT FOR MEDICAL TREATMENT: I give my full permission for my son/daughter/legal ward to attend Spring Creek Youth Activities and church camp, and to take part in all activities. He/She will not attend if he/she has been exposed to a contagious disease, or if he/she is not in good physical condition. I do not hold church personnel, camp personnel, or sponsor responsible for any accident or illness and, if necessary, authorize church personnel, camp personnel, or sponsors to take my child to a medical facility. I also give my full consent for the medical facility selected to render professional services to my child if he/she becomes ill or is involved in an accident.

Signed by Parent or Guardian _____

Print Name _____

Date: _____