



Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home E-mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Pager Address \_\_\_\_\_ Pager Address \_\_\_\_\_

Text Number \_\_\_\_\_ Text Number \_\_\_\_\_

Emergency Contacts that are authorized to pick up In Case of an Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone # \_\_\_\_\_ Address \_\_\_\_\_

Please list any Allergies \_\_\_\_\_

Please list any prescribed medications your child takes on a daily basis:

\_\_\_\_\_

Please list any special needs/conditions your child may have. \_\_\_\_\_

Photography: I do/do not give permission for my child to be in photographs used for GBCD.

(Circle one) (Circle one)

I do/do not give permission for my child, \_\_\_\_\_ to be transported to/from Baptist Conference Center, Norman Park to and/or, on Saturday, September 17, 2011.

In the event of an emergency involving my child, and if any GBCD officer or Children's Program Leader cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature/Date

Witness Signature/Date