

**Masonboro Baptist Church Children's Ministry
Child Information Sheet and Permission Form**

Child's Name: _____ Today's Date: _____
Birthdate: _____ Grade: _____
Mother's Name: _____ Father's Name: _____
Child's Address: _____
Phone Number 1: _____ Phone Number 2: _____
Email address: _____
With whom does this child reside? _____
Are there any custody issues of which the church should be aware? _____ If yes, please explain.

Please list name, number, and relationship of an emergency contact other than the parents/guardians.

Physician's Name/number: _____
Dentist's Name/number: _____
Medical Conditions: _____
Medications: _____
Allergies: _____
Medical Insurance Company _____ Policy # _____
Date of last tetanus shot: _____

I, the parent/guardian of _____, give permission for my child to participate in church activities on and off the church campus of Masonboro Baptist Church in Wilmington, North Carolina including, but not limited to regularly scheduled activities, special events, out of town trips, and transportation to and from such events by church employees and/or volunteers.

I also authorize any employee, volunteer, or other representative of Masonboro Baptist Church as my agent, to consent to any medical care which is deemed advisable by a licensed physician or dentist and is under the supervision of a licensed physician or dentist. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide specific consent to any and all diagnosis and treatment which the physician deems advisable. I also authorize the aforementioned agents to receive the physical custody of my child upon completion of treatment.

The undersigned parent/guardian hereby voluntarily release any and all loss or damages for personal injury, property damage, or wrongful death occurring to my child as a result of my child's participation in church activities.

Signature of Parent/Legal Guardian: _____
Date: _____

I hereby give permission for images of myself and/or my child to be used solely for the purposes of Masonboro Baptist Church promotional materials and publications including the church website, social networking sites, email communications, and printed materials and waive any rights of compensation or ownership thereto.

Signature of Parent/Legal Guardian: _____ **Date:** _____

Comments or instructions regarding use of photos/videos of myself and/or my child:

