



Child Information Card/Permission Form  
Spencer Baptist Church  
187 N. Oak St.  
Spindale, NC 28160

Child's Name \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

School Grade: \_\_\_\_\_ School: \_\_\_\_\_

If you are signing for multiple children, please list additional names, birthdate, school grades, and schools:

\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_

Parent 1 Cell Phone \_\_\_\_\_ Parent 2 Cell Phone \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does child take daily medication? \_\_\_\_\_ (if so, please list the name and dose on back)

Does child have any allergies or other medical problems/special needs that we need to be aware of?

\_\_\_\_\_

Who is NOT authorized to transport/pick up your child from church activities?

\_\_\_\_\_

**(If there is anyone who is not allowed by law to pick up your child, you MUST furnish a copy of the legal document)**

•The undersigned does hereby give permission for our (my) child to attend and participate in activities sponsored by Spencer Baptist Church. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray exam, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental service rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

•The undersigned also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Spencer Baptist Church.

•The undersigned gives Spencer Baptist Church permission to use pictures and videos taken in the context of church activities to be used on the church website, Facebook page, or other social media sites for the purposes of promotion and advertising (you may opt out of this by checking the box indicating your preference).  I do not consent to photos

\_\_\_\_\_  
Parent Signature Date

OR  
\_\_\_\_\_  
Guardian Signature Date