

FBCLC CONSENT FORM & MEDICAL INFORMATION

All children must have a current form on file in order to participate in FBCLC. It is the responsibility of the parent/guardian to notify FBCLC of any changes to the following information. A new form must be completed each fall.

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ • Gender: Male Female • Grade (2024/2025 school year): _____

Allergies:/Medical conditions _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Medications & dosages currently being taken: _____

Current on shots? Yes No • Date of Last Tetanus Shot: ____ / ____

ADDITIONAL CHILDREN

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ____ / ____ / ____ • Gender: Male Female • Grade (2024/2025 school year): _____

Allergies:/Medical conditions _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Medications & dosages currently being taken: _____

Current on shots? Yes No • Date of Last Tetanus Shot: ____ / ____

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ____ / ____ / ____ • Gender: Male Female • Grade (2024/2025 school year): _____

Allergies:/Medical conditions _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Medications & dosages currently being taken: _____

Current on shots? Yes No • Date of Last Tetanus Shot: ____ / ____

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ____ / ____ / ____ • Gender: Male Female • Grade (2024/2025 school year): _____

Allergies:/Medical conditions _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Medications & dosages currently being taken: _____

Current on shots? Yes No • Date of Last Tetanus Shot: ____ / ____

EMERGENCY CONTACT INFORMATION

Parent/Guardian: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email Address: _____
Emergency Contact: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

INSURANCE INFORMATION

Insurance Co.: _____ Name of Policy Holder: _____
Policy #: _____ Group #: _____ Insurance Co. Phone #: _____

Is an FBCLC Sponsor allowed to authorize emergency care in lieu of Parent/Guardian? Yes No

PHOTO RELEASE

FBCLC (does does not) have my permission to publish my child’s (or children’s) photo on church related publications, including the website, brochures, newsletters, social media, etc.

ACTIVITY/EVENT/FIELD TRIP RELEASE

I (do do not) give my permission for my child (or children) to participate in FBCLC activities on or off campus.
Activities participant not allowed to participate in: _____
Persons NOT permitted to take participant from events: _____

PRESCHOOL PICK-UP AUTHORIZATION *(to be completed by preschool parents only)*

List all those who have permission to pick up your preschooler. Person picking up child must be 16-years or older.

I understand that FBCLC will provide adult supervision and take reasonable precautions to provide a safe environment for my child. I also realize that there are risks associated with any activity and I assume full responsibility for the welfare of my child. I will not hold FBC Liberty City, nor any of its sponsors, leaders, staff, agents, or representatives responsible in case of injury or illness. I also acknowledge that all the above information is current and true, so that in the event of an emergency, church sponsors may seek medical and/or surgical treatment for my child.

Parent/Guardian Signature _____ Date _____