

First Baptist Church

2308 Sidney Ave
Port Orchard, WA 98366
(360) 876 2374

Parent-Guardian Permission/Emergency Form

I give permission for (Child's full name): _____
to participate in 2010 activities with First Baptist Church of Port Orchard.

1. I understand that it is my responsibility to send my child with all the necessary items to keep my child safe and healthy.
2. I understand that I need to inform those adults who are in charge on my child with any information that may be pertinent to my child's safety, health, and well being.
3. I understand that reasonable measures will be taken to safeguard the health and safety of the children participating; and that I will be notified as soon as possible in case of an emergency, sickness, or accidents.
4. I understand that if my child is causing problems and not respecting authority I will first receive a phone call to talk with my child about their behavior. If my child's negative behaviors continue I will be informed that I need to come pick my child up from that activity.

Parent/ Guardian's Signature: _____ Date: _____

Parent/ Guardian's Name:

Home Phone Number:

Parents Cell Phone Number:

Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Medical Insurance:

Company:

Policy Number:

Subscriber:

Doctor: _____ Phone Number: _____

Medication taken regularly:

Allergies: