



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