

Parents,

The after school ministry to your child begins at 3:00 P.M., with your child being transported from his/her school to First Baptist Church. Your child will be supervised by staff and volunteers throughout the evening. The only cost is a \$3 donation from you, which will cover the evening meal for your child each week. This is a ministry and is not for profit. **The program ends at 7:15 P.M.**, parents are asked to pick up your children at the car rider entrance of the Christian Life Center. If you have any questions, contact the church office or Hope Solorzano. The first day of pick up will be Wednesday, August 27, 2014.

251-943-8352 office
251-979-1136 Hope Solorzano
hope.solorzano@gmail.com

Please give the bottom portion to your child's school.

To whom it may concern:

My child has permission to be picked up by a First Baptist Church Children's Team Member each Wednesday afternoon during the entire school year. My child is attending an after school ministry of First Baptist Church, Foley. The FBC Children's Team Member will arrive by car if my child attends Summerdale, Elberta, or Swift Schools. My child will ride the church bus/van each Wednesday if attending either Magnolia, Foley Intermediate, or Foley Elementary Schools. My child will be bussed to the church by FBC staff or volunteers if my child attends FES, FIS, or Magnolia. Thank you for your consideration in this matter. The first day of pick up will be Wednesday, August 27, 2014.

First Baptist Church Children's Department
Parental Permission Form

Child's Name _____

Parent/Guardian Name _____

Address _____

Mailing (if different) _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

E-mail: _____

Age Information:

Date of Birth _____ Age: _____

Current grade in school _____

Emergency Contact:

Name _____ Phone # _____

Name _____ Phone # _____

Dismissal Information:

Who may pick up your child?

My child _____ has my permission as parent/legal guardian to participate in all functions sponsored by FBC Foley IMPACT Children's Ministry. This also gives permission for my child to be transported by First Baptist Church from his/her school (name) _____ each Wednesday afternoon for the 2014-2015 school year. I understand that the person/persons transporting my child from his/her school will not be held liable for any accidents or occurrences that my child may suffer while being transported from his/her school to First Baptist Church. I also agree that First Baptist Church will not be held liable by myself, as legal representative of my family or by any other individual, institution,

**“IMPACT” Children’s Department
Guardian Permission Form
KIDS Annual Participation**

_____ is eligible to participate in an after school ministry transportation to a location away from the school site. LC of First Baptist Church, Foley. This permission is for your student to have photos taken of them and used on other pages which promotes the ministry of FBC. I also grant Ministry Personnel permission to take your child on bi-weekly field trips during TeamKIDs and other activities sponsored by FBC Foley IMPACT Children’s Ministry. I understand the direct supervision of FBC staff. These activities are for the direct supervision of ministry employees and volunteers. A brief description of the general activity follows:

FBC Foley field trips by the bus activity: FBC Staff and Ministry Volunteers P.M. from schools

Return: Program ends at 7:15 P.M.

is

_____ participate in the event, please sign and return the following release of liability. As parent, or legal guardian, you understand and accept the legal responsibility which may result from any participant.

by my child, _____, I understand that this event will take place away from _____ and I will be under the supervision of the designated church cancellations will be notified through weekly parent meetings. The conditions stated above on participation in _____ of transportation. I give my permission for my child, _____ to a physician or hospital by either a parent in charge who understands that every effort will be made to contact me. If I should be hospitalized by the physician selected by the hospital and secure proper treatment for my son/

_____ are _____ Date

Student Name: _____

Date: _____

TeamKIDs Medical Record

Please list any medication to be given to your child during TeamKIDs. This will include any medication routinely given at school or any emergency medication which may be required. These forms must be on file in the church office. Include name of medication, dose, time it needs to be given and any special instructions.

Medication: _____

Dose: _____

Time: _____

Please list any allergies (i.e. bee stings, poison ivy, etc.) and usual necessary treatment for these: _____

Allergies: _____

Treatment: _____

Parent or Legal Guardian’s Signature _____ Date _____

Insurance Carrier’s Name: _____

Policy (Group) No.: _____

Subscriber No. (Member Id): _____

Emergency Contact: _____

Phone Numbers: _____

For Church Use Only

Medication administered by: _____

Date: _____ **Time:** _____