



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

\*\*\*If you need assistance completing this form, call the church office for help (286-2355).\*\*\*

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

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

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If parents cannot be reached in an emergency, call \_\_\_\_\_

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

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

In addition to the church bus, who is authorized to transport/pick up your participant(if under 18) 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 so that the church is aware of this.)**

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 does 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.

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ **OR** \_\_\_\_\_ Date \_\_\_\_\_  
Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_