

Fabulous Bible Investigator (FBI) Club Permission Slip

I give permission for my child listed below to attend FBI Club.

(Signature of Parent/Guardian)

(Date)

Please CLEARLY Print Information

Name of Child _____ Date of Birth _____

Teacher's Name _____ Grade _____

Name of Parent/Guardian _____

Primary Phone Number _____ Email _____

Secondary Phone Number _____

Address _____

If we are unable to reach the parent/guardian listed at the above phone numbers, whom should we call?

Alternate Contact Name _____

Alternate Contact Phone Number _____

How will your child get home after club? PLEASE INITIAL ONE.

_____ Walk

_____ Be picked up at Bethany Baptist Church, 1712 Randol Ave

Notes are required from parents for change in transportation.

Is either parent in the
military?

____ Yes ____ No

NOTE:

- Children will be dismissed at 4:00 pm and should be promptly picked up.
- No transportation will be provided at the end of club.

Are there any Medical needs we need to be aware of? (Circle one) **No** **Yes**

If yes, please complete "Medical Needs" section:

Medical Needs: (Please indicate if child is allergic to any foods, etc.)

_____ Please initial if you give your permission for Bethany Baptist Church to use your child's photograph for promotional purposes.

Church affiliation (if applicable) _____

Your FBI Club Contact is: Debbie Bowers cell (573) 382-3778

See back for Permission to Participate in Activities >>>>>>>>

BETHANY KIDS (Children Ministry)
Permission Form
to Participate in Activities

Bethany Baptist Church
1712 Randol Ave
Cape Girardeau MO 63701

CHILD'S NAME _____ AGE _____

ALLERGIES &/OR MEDICAL CONDITIONS _____

NAME OF PARENT(S) _____

ADDRESS _____ CITY STATE ZIP _____

PHONE _____

Permission forms must be signed each year.

IN CASE OF EMERGENCY: IF UNABLE TO REACH YOU AT PHONE NUMBER LISTED ABOVE, WHO SHOULD WE CONTACT?



NAME _____ PHONE _____

RELATIONSHIP TO CHILD _____

Declaration of Consent

Please indicate your consent to each item by signing below each statement

Emergency Medical Treatment Consent

I, _____, parent/guardian of _____ give permission to the medical personnel selected by Bethany Baptist Church to order hospitalization, treatment, anesthesia, and surgery if necessary in case of an emergency when parents cannot be reached.

Signature

Date

Waiver of Liability Consent

I, _____, parent/guardian of _____ agree to release Bethany Baptist Church and all staff and volunteers from all liability for any additional illness or injury to my child, and for any accidental damage or destruction of my child's property during children ministry activities at or sponsored by Bethany Baptist Church.

Signature

Date