

Insurance and Medical Contacts (REQUIRED)

Insurance Company: _____ Phone: _____

Policy Holder: _____ ID number: _____

Name of Student's Doctor: _____ Office Phone: _____

Name of Student's Dentist: _____ Office Phone: _____

Hospital: _____ Phone: _____

Emergency Contacts (other than parents – one name per line)

Contact Name: _____ Relation: _____

Mobile Phone: _____ Business Phone: _____ Home Phone: _____

Contact Name: _____ Relation: _____

Mobile Phone: _____ Business Phone: _____ Home Phone: _____

Please complete Allergies/Disabilities Form or Medication Form as needed. Forms available in the School Office.

Authorization For Use of Pictures – Fayetteville Street Baptist Church (FSBC) and/or Fayetteville Street Christian School (FSCS) are hereby authorized to take or permit picture to be taken of our family and/or my child/children for the purpose of public relations (newspapers, FSCS website, and/or on television) for FSBC and/or FSCS (will list Names Only-if necessary-associated with the picture). Yes ___ No ___

I agree the school has permission to provide first aid treatment. Yes ___ No ___

I agree the school may authorize the physician/hospital of his/her choice to provide emergency care in the event that the student's doctor/dentist contacts cannot be reached. Yes ___ No ___

My child has permission to participate in class approved field trips. Yes ___ No ___

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____