

**Permission Form: Rockport Baptist Church Children's Programming  
2020 -2021 School Year**

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

**Medical and Insurance Information**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies or Concerns: \_\_\_\_\_

I give my son/daughter (please PRINT name), \_\_\_\_\_ ,  
permission to attend Rockport Baptist Church's Children's Programs.

In the event of a medical emergency where I cannot be reached, my signature below gives the leaders of First Baptist Church of Rockport permission to consult an available physician, and the physician permission to treat my child as needed. I will assume the financial responsibility for treatment. As the parent or guardian of the above-named child, I promise to hold The First Baptist Church of Rockport and its Youth Fellowship blameless for any liabilities that may incur in connection with the event.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**First Baptist Church**  
Rockport, MA