

**Permission Form: Rockport Baptist Church Children's & Youth Programming
2021-2022 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 & Youth 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