

First Baptist Church Mother's Day Out
Emergency Contact Information

Emergency Information

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Allergies, Diseases, Physical Conditions, Special Needs, etc...

Emergency Contacts:

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____

Cell: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____

Cell: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____

Cell: _____

First Baptist Church Mother's Day Out
Release Authorization

Child's Name _____

The following is a list of people that First Baptist Church Mother's Day Out Program may release my child into their custody. I understand that anyone on this list may be required to show photo identification before First Baptist Church Mother's Day Out Program releases my child.

Parent or Guardian Signature _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Parental permission for media, web or other publication of student's photograph, likeness, and/or work for the 2025-2026 school year.

This form is used to establish formal parental permission for students and their work to be shown in photographs for our website or for public information. Please call the school if you have any questions.

*I give permission for myself or my child to be photographed by personnel of FBC for the use of the First Baptist Church website or public information
_____ YES _____ NO

*I give permission for my child's work and/or first name to appear on the FBC website/Facebook page.
_____ YES _____ NO

Parent's Signature _____

First Baptist Church Mother's Day Out
Medical Authorization /Appointment of Agent

I, _____, (parent/guardian name) do hereby appoint First Baptist Church Mother's Day Out Program, of lawful age as my agent and representative for the purpose of authorizing and consenting to hospital care and/or medical care and treatment of _____ (child's name) for any illness or injury that may occur while such person is in the care of custody of the agent while I am away, on vacation, or otherwise not immediately available to give such consent.

Information for Emergency Room

Child's Birthday: _____

Child's Physican: _____ Phone: _____

Drug Allergies: _____

(Parent or Guardian Signature)

(Date)

(Insurance Company)

(Policy Number)

(Witness)