

Safeguarding Children and Youth Policy
Urbana First Baptist Church

Annual Permission

The purpose of this form is to obtain permission of a child's parent, or legal guardian for the child to participate in an ongoing ministry of the Urbana First Baptist Church and to obtain basic information that will aid in caring for specific needs of the child.

Child's Information

Name: _____

Address: _____

Date of Birth: ____ / ____ / ____ Grade in School as of September of this year: _____

Medical conditions we should be aware of:

Medications the child is taking that we should be aware of:

Dietary restrictions we should be aware of:

Physical activity restrictions we should be aware of:

Special need(s), or other information you want us to be aware of:

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I give my permission for the above named child to participate in the ongoing ministry described above. Further, I give permission for the church to seek emergency medical treatment as required.

_____ / / _____
Print name of Parent, or Legal Guardian Signature Date