



**First Baptist Church**  
 306 S. 10<sup>th</sup> Street Pflugerville, TX 78660  
 (512) 251-3052

## Student Information and Permission Form

Effective June 1, 2008 through June 1 2009

Student Name: \_\_\_\_\_  
 DOB: \_\_\_/\_\_\_/\_\_\_ Gender \_\_M\_\_F  
 Address: STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_  
 Student email: \_\_\_\_\_  
 School Student Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_  
 Address: STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_  
 Parent email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_  
 Relation to Student: \_\_\_\_\_  
 Address: STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 Hospitalization Insurance Company \_\_\_\_\_  
 Policy in Name of: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Certificate #: \_\_\_\_\_ Primary's SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Student's SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

| Current Medications Student is taking |           |                   |
|---------------------------------------|-----------|-------------------|
| Drug Name                             | Taken for | Dosage/ X's Daily |
| _____                                 | _____     | _____             |
| _____                                 | _____     | _____             |
| _____                                 | _____     | _____             |
| _____                                 | _____     | _____             |

Allergies:

\_\_\_\_\_

Date of Student's Last Tetanus Shot: \_\_\_\_\_

Is Student diabetic?  Yes  No

If yes, is student on insulin?  Yes  No What type? \_\_\_\_\_

Who will be responsible for shots? \_\_\_\_\_

Has student ever had any type of convulsion or seizure?  Yes  No

If so, what was the type and cause? \_\_\_\_\_

Is the student prone to fainting or blackouts?  Yes  No

Does the student wear contact lenses?  Yes  No

Any additional medical information that needs to be disclosed about the student:

\_\_\_\_\_

I, \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_ (hereinafter "my student"), and I am informed of the activities offered by First Baptist Church of Pflugerville Student Ministry (herein after "church"), beginning on the date of June 1, 2008, and ending on the date June 1, 2009. I further understand that this information and Permission Form is effective from the date of June 1, 2008 through the date of June 1, 2009, and that it is my personal responsibility to report any changes in the information provided directly to the church office at 512-251-3052.

First Baptist Church of Pflugerville maintains both a church website ([www.fbcprville.org](http://www.fbcprville.org)) and a student ministry website ([pvillestudents.org](http://pvillestudents.org)) and we may post pictures and/or videos of church activities. Pictures and/or videos may also be displayed on church bulletin boards and powerpoint presentations and in church flyers/brochures/directories. Because your student's image may be included in these pictures and/or video, we must obtain your permission to post these pictures and/or videos. Students will not be identified by name and no other personal information will be posted.

Please initial one of the two statements below:

Yes, I give permission for my student's image to be included in photos and/or videos posted by the church as outlined above.

No, I do not give permission for my student's image to be included in photos and/or videos posted by the church as outlined above.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

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