

# Immanuel

BIBLE CHURCH

## Parent/Child Information Form

Child's Full Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: (Mom) \_\_\_\_\_

Cell: (Dad) \_\_\_\_\_

Parents'/Guardians' Name: \_\_\_\_\_

Parents'/Guardians' Email: \_\_\_\_\_

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

\_\_\_\_\_

Known Allergies: \_\_\_\_\_

\_\_\_\_\_

Any special needs or concerns: \_\_\_\_\_

List child's current medications: \_\_\_\_\_

\_\_\_\_\_

My child, \_\_\_\_\_, has my permission to attend trips/parties with the staff/leaders of the Immanuel Bible Church youth group.

Immanuel Bible Church has my permission to use photographs of my child in publications and online (*names will not be given*). **Yes / No**

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