

(Enrollment Form Continued) **Child's Name** _____ **Grade** _____

Emergency Information

In the event that I or the others listed on this enrollment form are not available, I give my permission to the First Baptist Christian Academy staff to provide first aid care for my child, _____, and to take the appropriate measures including contacting the emergency medical services system and arranging transportation to Lincoln County Memorial Hospital or the nearest emergency medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

Parent Signature

Parent Signature

Date

Does your child have any known allergies/health conditions of which FBCA needs to be aware?

Yes

No

If answered yes, please explain:

Medicines: I understand that FBCA personnel cannot dispense medicine (prescription or over-the-counter) at school without the written consent of parents and/or an official authorization from a physician. (Permission forms can be obtained from the school office.)

_____ (Please initial)

Doctor and Insurance Information:

Family Doctor's Name

Address:

Phone Number

Insurance Provided By _____ Group#/Policy # _____

Alternative Caregiver Information (If we cannot reach you when your child needs attention, please list whom you desire us to contact):

#1 _____
Name of Alternative Caregiver Relationship to Child

Phone Number with Area Code

Cell Phone Number with Area Code

#2 _____
Name of Alternative Caregiver Relationship to Child

Phone Number with Area Code

Cell Phone Number with Area Code

Dismissal and Pick-Up Authorization Information

My child will:

_____ **Be picked up by a parent.**

_____ **Be picked up by someone other than a parent**

_____ **Be picked up by Extended Daycare TFBC**



Use this space to share additional information concerning your child's dismissal:

Pick-Up Authorization: My child may be released to only the following adults.

Name _____ Phone # _____ Relationship to Child _____

Name _____ Phone# _____ Relationship to Child _____

Name _____ Phone # _____ Relationship to Child _____

Name _____ Phone # _____ Relationship to Child _____

Special Note: If you send someone to pick up your child who is not on this list, FBCA needs written authorization or a verbal contact from a parent. The person being authorized to pick up your child will need to provide photo identification if not recognizable by FBCA staff.

My child should never be picked up by _____, _____.
Name Relationship

Parent Signature

Date

Communication Preference: I would like to receive FBCA news by... (Place an X by your preference.)

_____ E-mail address listed on application

_____ Paper notes/newsletters (for families who do not have a printer or access to a computer screen)

_____ Both