

TERRIFIC TUESDAY

Name _____

Address _____ Zip _____

Age _____ Sex _____ Birth Date _____ Grade Completed _____

Parents' Name(s) _____

Home Phone _____ Cell Phone _____

Work: Mother _____ Father _____

Name of Doctor _____ Phone _____

Are there any reasons, physical or otherwise, which would keep your child from participating in the full program?
If yes, provide details:

Does your child take medicine regularly? If so, what medicine and how often does he/she take it? _____

Does your child have allergies? Yes _____ No _____

List the allergies and reactions _____

Does your child attend Sunday School or worship anywhere? _____ If so, where? _____

May we have permission to photograph your child for church publications or website? Yes _____ No _____

Who has permission to pick up your child after each Terrific Tuesday? _____

Emergency Contact _____ Phone _____

PERMISSION SLIP

My son/daughter, has permission to attend Terrific Tuesday at Fern Creek Baptist Church. I understand that in giving my permission, I agree to the following:

- That the approved agents for the church shall have full and complete responsibility for my child while participating in this program and may restrict or discipline his or her actions in behalf of the best interest of the church.
- That I will not hold the church, or any agent thereof, responsible for any injury or accident which may occur to my son/daughter while participating in this activity, or during transportation to and from event.
- That I authorize medical and surgical treatment as needed for my child in the event that such care is required in an emergency and I am unable to be reached. In the event of such emergency care, I release the church, and all agents thereof of all liability in the event of accident or death.

Signature of Parent or Guardian _____ Date _____