

Southside Baptist Church Information Form

Parent or Guardian: Complete the form and return it to the person in charge of the event or the church office. Please list any medical conditions the chaperones should be aware of and any medications the child will need during any events. This form will be a master copy for any events throughout_____.

Student/Child Information: Student's Name _____

Birth date _____ Grade this year _____

Address _____

City, State, Zip Code _____

Home Phone _____ Work or Cell _____

Parent/Guardian _____

Signed _____ Date _____

Emergency Contact & Phone Number _____

Alternate Contact & Number _____

Medical Information

Medical needs, including allergies _____

Medicine child will need during event _____

Insurance Company _____ Policy # _____

Please note any other pertinent medical information you feel needs to be known in order to insure necessary medical treatment for your child.

If you have any questions please call the church office at (210)626-2110.