

**FBC SWAINSBORO WEDNESDAY NIGHT PROGRAM  
INFORMATION SHEET**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YR)

STREET ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_

MAILING ADDRESS (if different from above) \_\_\_\_\_

STUDENT CELL # (if applicable) \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**MOTHER/GUARDIAN 1**

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.

STREET ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_

MAILING ADDRESS (if different from above) \_\_\_\_\_

**FATHER/GUARDIAN 2**

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.

STREET ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_

MAILING ADDRESS (if different from above) \_\_\_\_\_

Please list the names of two adults other than parent/guardian who may be contacted in case of emergency.

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Pick-up Information: Who may pick-up your Child on Wednesday Nights?

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**MEDICAL CONDITION**

Does your student suffer from, or has he/she ever experienced or been treated for any of the following:  Asthma  frequently upset stomach  epilepsy/seizure disorder  heart trouble  diabetes  physical handicap  other (please specify) \_\_\_\_\_

*Is your child taking any daily medicine: yes no*      *If yes, please list:* \_\_\_\_\_

*Does your child have any allergies?*  Drug Allergies \_\_\_\_\_  Food Allergies \_\_\_\_\_

Other \_\_\_\_\_ Do any of these allergies require an epi pen? yes no

Check Yes or No to indicate if you allow your child to receive the following medications while participating at FBC

YES  NO Acetaminophen (Tylenol ®) or Ibuprofen (Motrin ® or Advil ®) at an age or weight appropriate dose for discomfort, pain, or fever \*\*\* Parent/Guardian will be contacted if fever is 100° F or higher.

YES  NO Antacid liquid or Antacid tablets for indigestion/minor stomach discomforts at an age appropriate dose

YES  NO Diphenhydramine (Benadryl®) for symptoms of allergic reactions, insect stings, or rashes at an appropriate dose

YES  NO Sore throat relief spray for sore throat

YES  NO Cough Drops for coughing

YES  NO Itch and rash relief cream/ointment for minor skin irritations

YES  NO Lubricating eye drops for eye irritations

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YES  NO Oral pain relief gel for tooth/mouth discomfort  
 YES  NO Triple antibiotic ointment for minor skin abrasions/wounds

MEDICAL TREATMENT CONSENT FORM

STUDENT NAME: \_\_\_\_\_

*The following statement must be signed by the parent/guardian. This is needed because most medical facilities will not treat a minor without parental consent.*

I, the undersigned parent or guardian of the minor named above, give my permission for the First Baptist Swainsboro staff or volunteers to seek emergency medical treatment for my child while in his care and we are not present. I agree to assume all financial responsibility, other than applicable insurance coverage, for such treatment and agree not to hold First Baptist Swainsboro or any of its staff or volunteers liable for payment of such medical treatment. This does not in any way relieve First Baptist Swainsboro or any of its staff or volunteers from responsibility for any negligence resulting in injury to my child.

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(date)

Under Georgia law, there is no liability for an injury or death of an individual participating in church activities if such injury or death results from the inherent risks of contracting COVID-19. You are assuming this risk by participating in activities.

\_\_\_\_\_  
(Initials of parent/guardian)

**Student Behavior Contract**

Our ministry seeks to create an environment of fellowship, activities, and programs that will, while working alongside families, train and educate students toward maturity in Christ. A component of this environment includes certain behavior and cooperation standards that the students are expected to follow.

**Expectations/Consequences:**

- Respect God, property, one another, staff, and all adult leaders.
- Comply with event schedules—participation with the group is expected.
- Acts of physical violence, weapons, fireworks, lighters, or explosives of *any* kind are not allowed.
- Use appropriate language.
- Modest and un-offensive clothing is expected.

***Students who fail to comply with these expectations will receive the following consequences at the Student Pastor's discretion:***

- **1st Offense: Verbal Warning**
- **2nd Offense: Loss of free time/Phone Call to the parents**
- **3rd Offense: Phone call to the parents and a month off from our Wednesday Night Programs. (After a month if things have not changed they will be asked not to come back)**

I, the student, have read the rules of conduct, the evaluation of my health, and permission to participate in youth group activities (listed below). I agree to abide by the stated personal limitations and code of conduct.

Student Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_\_\_