

Youth Discipleship Program

Bridgewater Community Church

7984 CR P-50

Montpelier, OH 43543

419-485-8229

Child's name _____

Age _____ Date of Birth ____/____/____ Grade _____ School _____

Child's name _____

Age _____ Date of Birth ____/____/____ Grade _____ School _____

Child's name _____

Age _____ Date of Birth ____/____/____ Grade _____ School _____

Child's name _____

Age _____ Date of Birth ____/____/____ Grade _____ School _____

Child's name _____

Age _____ Date of Birth ____/____/____ Grade _____ School _____

Address _____

City _____ State _____ Zip/Postal Code _____

Home Phone _____ Work phone _____

Email address _____ Belongs to: _____

(this will only be used in case of changes to our schedule or occasional reminders)

Mother's Name _____ Cell phone _____

Father's Name _____ Cell phone _____

Home church _____

Facts concerning your child's medical history including allergies, medications being taken, or any physical impairment (Make sure you include the child's name before the info)

Person(s) authorized to pick up child: _____

Person(s) **NOT** authorized to pick up child: _____

Emergency contact if parent or guardian cannot be reached:

Name _____ Relationship _____

Emergency contact phone _____

Name _____ Relationship _____

Emergency contact phone _____

Signature of Parent or Guardian: _____

Print name: _____ Date: _____

Emergency Medical Authorization

Parents/Guardians: Please sign either A or B below:

A) In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for adults at BCC to topically wash an open wound, apply a bandage, or provide an ice pack for bumps and bruises. In the event of a serious emergency, I give BCC permission to call 9-1-1 with transport to Community Hospital of Williams County-Bryan.

Signature of Parent or Guardian _____

Date _____

B) I do NOT give my consent for emergency medical treatment for my child. In the event of illness or injury requiring medical attention, I wish adults at BCC to take the following action:

Signature of Parent or Guardian _____

Date _____

Permission to Photograph and/or Video your Child

Parents/Guardians: Please sign either A or B below:

A) I hereby give my consent to photograph and/or video my child for the purpose of showing pictures and/or video to the congregation of Bridgewater Community Church and/or social media.

Signature of Parent or Guardian _____

Date _____

B) I do NOT give permission to have my child photographed and/or videoed at BCC.

Signature of Parent or Guardian _____

Date _____

I understand that masks are not required and social distancing is not possible in classes.

Signature of Parent or Guardian _____

Date _____