

Step 1 Parent/Guardian 1

First Name: _____
Last Name: _____
Birth Date: _____
Relationship to student: _____
Email: _____
Cell Phone: _____

Parent/Guardian 2 (or other emergency contact)

First Name: _____
Last Name: _____
Birth Date: _____
Relationship to student: _____
Email: _____
Cell Phone: _____

Step 2 Family Information

Home Address: _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Do you attend Fair Haven? Yes No If yes, service attended: 9:00 10:45 Rock Harbor
Insurance Company: _____ Policy#: _____

Step 3 Individual Student's Information

1st Student
First Name: _____ Last Name: _____ Gender: _____
Birth Date: _____ Grade: _____ School: _____
Allergies/Special Needs: _____

2nd Student
First Name: _____ Last Name: _____ Gender: _____
Birth Date: _____ Grade: _____ School: _____
Allergies/Special Needs: _____

3rd Student
First Name: _____ Last Name: _____ Gender: _____
Birth Date: _____ Grade: _____ School: _____
Allergies/Special Needs: _____

4th Student
First Name: _____ Last Name: _____ Gender: _____
Birth Date: _____ Grade: _____ School: _____
Allergies/Special Needs: _____

Step 4 Medical and Liability Release

In the event of sickness or medical emergency where I am not present and cannot be reached, I request that my child(ren) receive any medical attention or treatment deemed necessary by the staff and/or ministry leadership of Fair Haven Ministries. Therefore, I give permission to any hospital, doctor, and/or health care provider to treat, transport/admit my child. I grant permission for the release of medical records in the case of accident during an activity. I understand that I am responsible for all expenses and charges for the treatment and care of my child. The above named child has my permission to travel in a church owned vehicle, an approved for special use vehicle for Fair Haven's use, or a privately owned vehicle. I give permission for pictures and video of my child to be used on the Fair Haven Ministries website & other in-house publicity. If I am opposed to this, I will request a denial form from a Student Ministries staff member.

Signature of Parent or Guardian _____ Date _____