

CONSENT AUTHORIZATION

FIRST BAPTIST CHURCH, INTERLACHEN, FL

(This form will not, under any circumstances, be accepted unless **completely** filled out by the legal parent/guardian, signed, and notarized)

EVENT: ADULT Ministry Activities
DATE: 2014 Calendar Year
TIME: Varies
LOCATION: Varies
ACTIVITIES: Various mission trips, concerts, outings, etc.

Participant's Name: _____ Male Female

Participant's Info: DOB: _____ Ht: _____ Wt: _____ Eyes: _____ Hair: _____

Home Address: _____
Street City State Zip

Nearest Relative: _____
Street City State Zip

Home phone #: (____) _____ Work phone #: (____) _____

Cell phone #: (____) _____ Participant's SS (required) #: _____

Emergency phone #: (____) _____

Medications currently being used with dosage (participants under age 18):

Participants over age of 18 must carry list of medications with dosage.)

Known Allergies: _____

Brief Medical History (Check all that apply and explain each in the space provided below):

Asthma Heart Dizziness Stomach Kidneys Eyes Ears Skin

Other: _____

Explain: _____

Please list all other known restrictions (i.e.: phobias, cannot swim, overheats easily, etc.)

Doctor's name: _____ Phone: (____) _____

If participant's doctor is unavailable, may another doctor treat your child in case of an emergency?
(Please print yes or no)? _____

Insurance Information:

Insurance Company Policy Number

Insured's Name Social Security Number Date of Birth

I **DO NOT** wish my child to participate in the following activities: _____

Please check all that apply:

- I will pick my child up My child will ride home with (must be an adult): _____
- I am an over 18 participant and will provide my own transportation

I have read and understand page 1 of 2 (Initial here _____)

