

Parental Consent form for: _____
Child's PRINTED name

EVENT: _____
DATE: _____
TIME: _____
DESCRIPTION: _____

By my signature below I acknowledge that:

- I have a current, notarized medical release on file with First Baptist Church of Interlachen
- I have read and understand the conduct guidelines for those involved in the Student Ministries of First Baptist Church of Interlachen.
- I know where my child is going and who they will be with.
- I (or my designee) will pick them up at the appointed place and time.

Parent/Legal guardian PRINTED name

Witness PRINTED name

Parent/Legal guardian SIGNATURE

Witness SIGNATURE

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