FIRST BAPTIST CHURCH AMARILLO CHILDREN'S MINISTRY AUTHORIZATION FORM August 2017 – August 2018

Child's Name:				
(First)	(Middle)		(Last)	
Date of Birth:	Grade:	Grade: Gender:		
Home Address:				
(Street)	(City)	(State)	(Zip)	
Main Phone:	Other Phone:			
Parent Name(s):				
EMERGENCY CONTACT INFO In case of emergency, we will always try contact in the event that we cannot reach	to contact parents first. Please prov you.			
Name:	Relationship:			
Home Phone:	Work Phone: _	Work Phone:		
Doctor's Name:	Doctor's Phone	Number:		
Please list all medical/environments other pertinent information for this			-	
My permission is granted for the spevent that the above becomes sick of sponsors of First Baptist Church A action, past, present or future arising Amarillo. I give permission to publish picture. I give permission for my child to past	or injured. I hereby release and marillo from all claims, demand out of any damage or injury tes of my child in the Reporter of	d forever disclads, actions, or while particip	narge all causes of ating with FBC al media.	
event.		8	T	
Signed:	Date:			
Parent Email:(Please list additional email address	ses on the back of this page)			