



2018/2019 Medical Consent/Travel Authorization

Student's Last Name	Student's First Name	Gender
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Mailing Address	City	State	Zip
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Student's Phone	Student's Email	Parent's Email
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DOB	Current Grade	What church, if any, do you attend?
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Legal Guardian#1	Relationship	Best phone number to contact you	Y/N Text
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Legal Guardian#2	Relationship	Best phone number to contact you	Y/N Text
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Health Information

Family Doctor	Doctor's Phone Number	Allergies
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Insurance Company	Policy#	Group #
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Current Conditions, infectious diseases, activities your child should not do, or any other medical concerns for your child

Medications

Security Information

I, _____ authorize my child _____ to be picked up by representatives from First Baptist Church. My child will be traveling with First Baptist Church of New Castle, Indiana to and from ----- . By signing this form, I also give consent for emergency medical treatment or general medical care during this event.

Parent/Guardian's Signature	Date Signed
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I give permission to FBC to display pictures of my child online or in printed form.

Yes

No

 Initial

 date