



## 2021 Medical Consent/Travel Authorization

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|                     |                      |        |
|---------------------|----------------------|--------|
| 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<br>Text |
|------------------|--------------|----------------------------------|-------------|

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|                  |              |                                  |             |
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| Legal Guardian#2 | Relationship | Best phone number to contact you | Y/N<br>Text |
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### Health Information

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|               |                       |           |
|---------------|-----------------------|-----------|
| 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

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Medications

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### 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.

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|                             |             |
|-----------------------------|-------------|
| Parent/Guardian's Signature | Date Signed |
|-----------------------------|-------------|



I give permission to FBC to display pictures of my child online or in printed form.

Yes

No

\_\_\_\_\_   
 Initial

\_\_\_\_\_   
 date