



## 2022 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 Text
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Legal Guardian#2	Relationship	Best phone number to contact you	Y/N 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 & to travel with First Baptist Church of New Castle, Indiana to and from -----  
 ---. By signing this form, I also give consent for my child, named above, to attend First Baptist events including overnight Lock-ins, retreats & trips & receive any emergency medical treatment or general medical care during this event.

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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