PERMISSION TO PARTICIPATE AND AUTHORIZATION TO TREAT

	T-shirt size
(child's full nam	ne)
	, the parent(s) and/or lawful guardian(s) of do hereby consent to, authorize and appoint
•	for First Baptist Church, Knoxville, TN) to act for
	behalf to obtain and authorize for our said child,
	, including but not limited to: emergency care and anesthesia and surgical procedures, as our child
	y qualified physicians, medical personnel or
emergency treatment personnel	
	ation is provided in contemplation of our child
being on a First Baptist Church	sponsored trip/outing to Kids Camp at Camp Ba
	ne 9-13, 2015, and shall expire at midnight on the
latter date.	
	ation is provided for the welfare of our said
•	d treatment which is deemed by those providing ecessary for said child's health and welfare and
	care and treatment should not be delayed. This
	ng provided with the understanding that all
	to notify the undersigned parent/guardian before
authorizing such care, treatment	•
•	Il financial responsibility for such medical and/or
	ay be required and rendered to our said child
	e release of any medical information concerning
carrier. Our medical insurance i	dered as may be requested by our insurance
carrier. Our medical madrance i	3 provided by.
Name:	
Address:	
Insured's Group/Po	olicy #
Phone Number:	
Please provide a copy (front a	and back) of your current insurance card.
The card we now have was submi	tted on/
Emergency Contact:	Phone #:
Parent/Guardian Signature:	Date://

(Yellow Form)