

PERMISSION TO PARTICIPATE AND AUTHORIZATION TO TREAT

\_\_\_\_\_ T-shirt size \_\_\_\_\_  
(Adult participant or child's full name)

I/We, \_\_\_\_\_, the adult participant, or parent(s) and/or lawful guardian(s) of \_\_\_\_\_ do hereby consent to, authorize and appoint

**Timothy Boone** (Minister for Congregational Life for First Baptist Church, Knoxville, TN) to act for us and in our name and on our behalf to obtain and authorize for our said child or adult participant, such medical and/or dental care, including but not limited to: emergency care and treatment, diagnostic services, anesthesia and surgical procedures, as our child, or the adult participant may need as determined by duly qualified physicians, medical personnel or emergency treatment personnel.

This consent and authorization is provided in contemplation of our child or the adult participant being on a First Baptist Church sponsored trip/outing to the **Winter Youth Summit, Huntsville, AL, on January 17-19, 2020** and shall expire at midnight on the latter date.

This consent and authorization is provided for the welfare of our said Child or the adult participant to provide medical care and treatment which is deemed by those providing such care and treatment to be necessary for said child's or the adult participant's health and welfare and in their best interest and which care and treatment should not be delayed. This consent and authorization is being provided with the understanding that all reasonable efforts will be made to notify the undersigned parent/guardian/emergency contact before authorizing such care, treatment or procedures.

We hereby assume our full financial responsibility for such medical and/or dental care and treatment as may be required and rendered to our said child or the adult participant hereunder, and we authorize the release of any medical information concerning such treatment and services rendered as may be requested by our insurance carrier. Our medical insurance is provided by:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Insured's Group/Policy # \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**\*\*\*Please provide a copy (front and back) of your CURRENT insurance card.\*\*\***

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

I grant my permission to the foregoing parties to use any photographs, motion pictures, recordings, or any other record of participation in this event for any legitimate purpose.

**Adult Participant/Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_