

First Baptist Church of Crestview  
**Parent Authorization/Parent Consent Form**  
*This form is valid for a maximum of one year from the date of signing*

Student/Child	Male Female	Date
Address		City/State/Zip
Home Phone	Date of Birth	Grade
Emergency Phone		
Parent's name		
Student/Child's Social Security Num.		

**Health Information and Parent Authorization**

This must be completed and signed by parent or legal guardian of student/child under age 18

List known health problems	
Allergies/Allergic Reactions <i>(include all medications and OTC meds)</i>	
Regular Medications	
Approximate date of last Tetanus	
Any other helpful information for medical personnel	
Family Health Insurance Carrier	Policy Number
Address/Phone Number of Carrier	

**Parental Consent *(Please read and sign)***

“I hereby give permission for the above named student/child to participate in this event with the First Baptist Church of Crestview (FBCC) and for FBCC to authorize any hospital/medical treatment deemed necessary by a qualified physician for my child. I understand that if such medical treatment becomes necessary that our family health insurance will be provided to the health care provider for payment.”

“I accept that any disciplinary action requiring removal of above student/child from this event will be agreed upon by the Student Minister/Children’s Minister and parent/guardian.”

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student/Child Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary:

On this the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, \_\_\_\_\_, personally appeared before me with the above health/authorization/consent form, who is personally known to me or has provided proper identification and who did take an oath to acknowledge the execution of this form. Witness my hand and official seal this \_\_\_ day of \_\_\_\_\_, 20\_\_\_. My commission expires \_\_\_\_\_.

Notary Public \_\_\_\_\_