

# FBCLC CONSENT FORM & MEDICAL INFORMATION

**PARTICIPANT INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY/INSURANCE INFORMATION:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone # \_\_\_\_\_

Night Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Name of Insured \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

FBCLC Sponsor is allowed to authorize emergency care in lieu of Parent/Guardian \_\_\_\_\_yes \_\_\_\_\_no

**MEDICAL INFORMATION:**

Allergies (List all) \_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone # \_\_\_\_\_

List any medical conditions we should be aware of \_\_\_\_\_

\_\_\_\_\_

List any medications and dosages currently being taken \_\_\_\_\_

\_\_\_\_\_

*Any persons NOT permitted to take Participate from events* \_\_\_\_\_

I give permission for the above-mentioned participant to participate in all First Baptist Church Liberty  
Church activities. Please list any activities that participant is not allowed to participate in: \_\_\_\_\_

**Sponsor or FBCLC representative has my permission to obtain medical or emergency treatment.**

**It is the responsibility of the parent or guardian to notify the church of any changes to the above information:**

*To help people to have access to a notary, our church will have a notary in the office during working hours, 8:00 am to 12:00 noon and 1:00 pm to 4:30 pm, Monday through Thursday. This Notary service is commissioned for church notarizing only.*

**PHOTO RELEASE**

First Baptist Church Liberty City often does publications and/or post photos of members of our church family. We want to follow the wishes of parents regarding the presentation of photos of their children on our website or in brochures, newsletters etc.

If you **do not** wish your child's photo to be published on the website or in church publications, we ask that you sign this form requesting your child's photo be withheld.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

THE STATE OF TEXAS  
COUNTY OF GREGG

This document was signed and dated before me by \_\_\_\_\_ on this  
date the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My Commission Expires: \_\_\_\_\_

Notary Public, State of Texas \_\_\_\_\_

Typed or printed Name of Notary \_\_\_\_\_