FIRST BAPTIST CHURCH AMARILLO
CHILDREN'S MINISTRY AUTHORIZATION FORM
August 2024 – August 2025

Child's Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Grade: _____ Gender: _____

Home Address: _____
(Street) (City) (State) (Zip)

Main Phone: _____ Other Phone: _____

Parent Name(s): _____

EMERGENCY CONTACT INFO:
In case of emergency, we will always try to contact parents first. Please provide an alternate emergency contact in the event that we cannot reach you.

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Please list all medical/environmental allergies, medications being taken, medical problems, or other pertinent information for this child:
_____
_____
_____

My permission is granted for the sponsors in charge to obtain necessary medical attention in the event that the above becomes sick or injured. I hereby release and forever discharge all sponsors of First Baptist Church Amarillo from all claims, demands, actions, or causes of action, past, present or future arising out of any damage or injury while participating with FBC Amarillo.

I give permission to publish pictures of my child in the Reporter or with the local media.

I give permission for my child to participate in field trips after being notified of the specific event.

Signed: _____ Date: _____

User understands typing their name constitutes as an electronic signature.

Parent Email: _____

Additional Email: