## FIRST BAPTIST CHURCH AMARILLO CHILDREN'S MINISTRY AUTHORIZATION FORM August 2020 – August 2021

Child's Name:				
(First)	(Middle)		(Last)	
Date of Birth:	Grade:	Grade: Gender:		
Home Address:				
Home Address:(Street)	(City)	(State)	(Zip)	
Main Phone:	Other Phone:			
Parent Name(s):				
EMERGENCY CONTACT INF In case of emergency, we will always t in the event that we cannot reach you.	FO: try to contact parents first. Please provi	ide an alternate	emergency contact	
Name:	Relationship:			
Home Phone:	Work Phone:	Work Phone:		
Doctor's Name:	Doctor's Phone	Number:		
or other pertinent information for	nental allergies, medications being or this child:		_	
the event that the above become sponsors of First Baptist Church	e sponsors in charge to obtain ne es sick or injured. I hereby releas n Amarillo from all claims, dema ising out of any damage or injury	se and forever nds, actions,	discharge all or causes of	
I give permission to publish pict	tures of my child in the Reporter	or with the lo	ocal media.	
I give permission for my child to event.	o participate in field trips after be	eing notified	of the specific	
Signed:	Date:			
Parent Email:(Please list additional email add	resses on the back of this page)			