

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

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: \_\_\_\_\_

Parent Email: \_\_\_\_\_  
(Please list additional email addresses on the back of this page)