PERMISSION TO PARTICIPATE AND AUTHORIZATION TO TREAT

(Child's full name)	Grade completed	T-shirt size			
	, the parent(s) and/or eby consent to, autho				
Tyler Johnson (Associate Pastor of Fact for us and in our name and on our child, such medical and/or dental care care and treatment, diagnostic service our child may need as determined by personnel or emergency treatment pe This consent and authorization being on a First Baptist Church spons BaYoCa, Sevierville, TN, on June 6-latter date. This consent and authorization child to provide medical care and treasuch care and treatment to be necess in their best interest and which care are consent and authorization is being provided to not authorizing such care, treatment or provided to the provided to t	First Baptist Church, We behalf to obtain and a se, including but not limites, anesthesia and sur duly qualified physicial resonnel. It is provided in contempored trip/outing to Kides, and shall exposed the same of the well than the which is deemed any for said child's head the treatment should not be included with the understiff the	/illiamsburg, KY) to authorize for our said ited to: emergency gical procedures, as ins, medical plation of our child ited to: emergency gical procedures, as ins, medical plation of our child ited items at 5:00pm on the items of our said do by those providing alth and welfare and out be delayed. This tanding that all irent/guardian before it our said child ormation concerning			
Name: Address: Insured's Group/Policy # Phone Number:	<u> </u>				
Phone Number: Please provide a copy (front and back) of your current insurance card.					
If attending with a First Baptist friend, who	o?				
Emergency Contact:	Phone #:				

(Yellow Form)

Kids	Camp	201	8

Parent/Guardian Signature:	 Date:	//