

**AUTHORIZATION FOR EMERGENCY CARE
FOR ACTIVITIES SPONSORED BY
FIRST BAPTIST CHURCH, PONCA CITY, OK**

I/We the undersigned, parent(s) or legal guardian of the minor(s) listed below:

Name: _____ Birth date: _____ Social Sec. # _____

Name: _____ Birth date: _____ Social Sec. # _____

Name: _____ Birth date: _____ Social Sec. # _____

EMERGENCY CONTACTS

Parent/Guardian _____
Phone (Home) _____ (Work) _____
(Cell) _____

**Person to whom child may be released if guardian is
unavailable:**

Name _____ Relationship _____
Phone (Home) _____ (Work) _____
(Cell) _____
Name _____ Relationship _____
Phone (Home) _____ (Work) _____
(Cell) _____

MEDICAL CARE INFORMATION

Physician's Name _____
Telephone _____
Dentist's Name _____
Telephone _____

HEALTH INSURANCE

Company Name _____
ID# _____
Subscriber's Name (on insurance card) _____

**SPECIAL CONDITIONS, DISABILITIES, ALLERGIES,
OR MEDICAL EMERGENCY INFORMATION**

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES

As a parent/guardian, I consent to have my child receive first aid by church staff and sponsors, and if necessary be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf unless I am available. (I agree to review and update this information whenever a change occurs and at least every six months.)

Parent/Guardian Signature

Date