PERMISSION TO PARTICIPATE AND AUTHORIZATION TO TREAT

_____   T-shirt size _____
              (child's full name)

    I/We,_____, the parent(s) and/or lawful guardian(s) of
_____do hereby consent to, authorize and appoint
W. Ben Winder (Youth Minister for First Baptist Church, Knoxville, TN) to act for us and in our name and on our behalf to obtain and authorize for our said child, such medical and/or dental care, including but not limited to: emergency care and treatment, diagnostic services, anesthesia and surgical procedures, as our child may need as determined by duly qualified physicians, medical personnel or emergency treatment personnel.

    This consent and authorization is provided in contemplation of our child being on a First Baptist Church sponsored trip/outing to **Youth Fall Retreat, Walden Lodge, 3610 Waldens Creek Rd, Sevierville, TN, on October 31-November 2, 2014,** and shall expire at midnight on the latter date.

    This consent and authorization is provided for the welfare of our said child to provide medical care and treatment which is deemed by those providing such care and treatment to be necessary for said child's health and welfare and in their best interest and which care and treatment should not be delayed. This consent and authorization is being provided with the understanding that all reasonable efforts will be made to notify the undersigned parent/guardian before authorizing such care, treatment or procedures.

    We hereby assume our full financial responsibility for such medical and/or dental care and treatment as may be required and rendered to our said child hereunder, and we authorize the release of any medical information concerning such treatment and services rendered as may be requested by our insurance carrier. Our medical insurance is provided by:

              Name:_____
              Address:_____
              Insured's Group/Policy #_____
              Phone Number:_____

Please provide a copy (front and back) of your current insurance card.

 The card we now have was submitted on ____/____/____

Emergency Contact: _____   Phone #: _____

Parent/Guardian Signature: _____ **Date**: ___/___/___

(Yellow Form)