

**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