

Adult Consent Form

Student Ministries - First Baptist Church Lake Alfred

280 E. Pierce Street Lake Alfred FL 33850 863-956-1477
Noel Ortiz (Interim Student Director) 863-289-9437

Participants' Full Name: _____

Age: _____ **Birth Date:** _____
Month/Day/Year

Address: _____
City: _____ **State:** _____ **Zip Code:** _____

Insurance Company: _____ **Insured:** _____
Policy # _____ **Group #** _____

Currently taking medications (list ALL) _____

List all allergies _____

Emergency Contact Information:

Name: _____ **Relationship:** _____
Phone # _____ **Or** _____

I hereby release **First Baptist Church Lake Alfred**, its staff and volunteers from any and all liability in the case of accident or injury to my (our) minor child listed above. I understand precautions will be taken to ensure my child's safety and well being.

CHECK THIS BOX TO ALLOW THIS FORM TO BE USED FOR ANY AND ALL TRIPS FOR YOU FOR ALL OF 2021/2022.

NOTARY: _____ **Date:** _____

I hereby certify that _____ has produced picture ID/is personally known to me and has appeared before me and signed this document.

Notary: _____

Participant's Printed Name: _____

Participant's Signature: _____

**Notary
stamp/seal**