Parental Consent form for:  EVENT: DATE:	Child's PDTNITED name	
NATC.	Child's PRINTED name	
DATE:		
DESCRIPTION:		
By my signature below I acknowledge that:		
I have a current, notarized medical release on fi	le with First Baptist Church of Interlachen	
	es for those involved in the Student Ministries of	
First Baptist Church of Interlachen.		
<ul> <li>I know where my child is going and who they will</li> </ul>	he with	
<ul> <li>I (or my designee) will pick them up at the appoint</li> </ul>	Trea place and Time.	
Parent/Legal guardian PRINTED name	Witness PRINTED name	
Parent/Legal guardian SIGNATURE	Witness SIGNATURE	
Parental Consent form for:	<del></del>	
Parental Consent form for:	Child's PRINTED name	
EVENT:	Child's PRINTED name	
EVENT:		
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EVENT:  DATE:  TIME:  DESCRIPTION:  By my signature below I acknowledge that:		
EVENT:  DATE:  TIME:  DESCRIPTION:  By my signature below I acknowledge that:  • I have a current, notarized medical release on fi	le with First Baptist Church of Interlachen	
EVENT:  DATE:  TIME:  DESCRIPTION:  By my signature below I acknowledge that:  I have a current, notarized medical release on fi  I have read and understand the conduct guidelin	le with First Baptist Church of Interlachen	
EVENT:  DATE:  TIME:  DESCRIPTION:  By my signature below I acknowledge that:  I have a current, notarized medical release on fi  I have read and understand the conduct guidelin First Baptist Church of Interlachen.	le with First Baptist Church of Interlachen es for those involved in the Student Ministries of	
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Witness SIGNATURE

Parent/Legal guardian SIGNATURE