

Child/Student Consent Form Medical, Transportation and Release of Liability: 2025



Emmanuel
BAPTIST CHURCH
Ebccrestview.com
3252 E. James Lee Blvd.
Crestview, FL 32539

Child/Student Name (print) _____

Birthdate _____ Gender _____ Grade _____

Parent/Guardian Name (print) _____ Phone Number _____

Parent/Guardian Secondary Contact (print) _____ Phone Number _____

Medical Insurance Company _____

Group Number _____ Policy Number _____ Telephone _____

Physician Name _____ Telephone _____

Allergies _____ Date of last Tetanus shot _____

List all medication taken on a regular basis with dosage _____

List any special needs or limitations that that we should be aware of _____

List all operations/serious injuries within the past 5 years _____

To the fullest extent permitted by law, I release **Emmanuel Baptist Church**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in any activity and agree to save and hold harmless **Emmanuel Baptist Church**, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in any activity.

The health history is accurate as far as I know, and my child has permission to engage in all activities except as noted.

EMERGENCY AUTHORIZATION: I undertake and agree to indemnify and hold blameless church staff, the volunteer sponsors, and Emmanuel Baptist Church from and against any loss, damage, or injury suffered by the participant as a result of being part of the activities of Emmanuel Baptist Church, as well as any medical treatment authorized by the supervising individuals representing the church. I have read, understood, and agree with the above and sign it to cover all of EBC Child or Student Ministry activities effective for the 2025 Calendar year.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

As the parent/guardian of the named child, by signing below, I give my permission for said child to be transported to and from church sponsored events by a leader ("sponsor") of Emmanuel Baptist Church.

Parent/Guardian Signature _____

Date _____

Notary Public Signature: _____

My Commission Expires: _____