

Student/Parent Information Form

Student Information

Name: _____

Grade: _____ Birthdate: _____

Gender: _____ T-Shirt Size (Adult size): _____

Phone Number: _____

Email: _____

Address: _____

School and/or Community activities associated with: _____

Parent/Guardian Information

Name: _____

Phone Number(s): _____

Email: _____

Mailing Address: _____

Any other information you would like us to know: _____

Please answer the following questions:

Emmanuel Baptist Church of Webb City, MO has my permission to include my child's photo and/or video on the church website and social media:

Yes

No

I give my student permission to participate in physical activity:

Yes

No

I give my student permission to participate in EBC events held off-site of the church:

Yes

No

I give permission for my student to be contacted directly by the student ministry coordinator:

Yes

No (Parent/Guardian prefers to be contacted)

I have read this document and agree to the standards and policies that are set forth in it.

Student Signature

Date

I give my student permission to be a part of the student ministry at Emmanuel Baptist Church.

Parent/Guardian Signature (for students age 17 and under)

Date

ACTIVITIES CONSENT FORM

Name of student _____

Birthdate _____

Name of parent(s) or guardian(s) _____

Address _____

Home telephone _____ Work telephone _____

Other person and/or number to call in emergency _____

Medical Information Is your student presently being treated for an injury or sickness or taking any medication? Yes No

If yes, please explain.

Does your student have, or has your student ever had, any of the following? (Please check all that apply.)

Asthma

Hay Fever

Kidney Disease

Diabetes

Heart Murmur

Seizure Disorders

Please explain.

Does your student ever sleepwalk? Yes No Student's blood type _____ (if known)

Does your student have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes No

If yes, please explain. _____

Family Doctor:

Doctor's Telephone:

Insurance Co.:

Policy #:

Consent and Certification I, the undersigned, being the parent or legal guardian of the student named above, do hereby consent to the participation of my student in all the scheduled student activities of *Emmanuel Baptist Church*, and any other supervised activities customarily associated with its student ministry group, including student ministry rallies and overnight or weekend student ministry trips. Further, I certify that my student is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the student ministry leader in writing.

Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my student is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my student, if required by law or a health care provider:

Philip Schildknecht, Emilee Schildknecht, and another adult chaperone designated by the pastor.

(Note to Parent: you may add or delete a name as desired.) I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that *Emmanuel Baptist Church* will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the student ministry director in writing of any health changes that would restrict my student's participation in any normal student ministry activities. I also understand that the student ministry leader and designated adult chaperones reserve the right to restrict my student from any activity that they do not feel is within the physical capabilities of my student.

Student Signature

Date

Parent/Guardian Signature (for students age 17 and under)

Date