

**EBC Consent Form**

**Student:**

Name: Date of Birth: Age: Gender: **M F**

Address: State: Zip: .

**Parent/Guardian (if under 18 years of age):**

Name: Phone #: .

Name: Phone #: .

**Health/Medical Info:**

Health/Medical Problems: .

Drug/Food Allergies: .

Last Tetanus: Regular Medications: .

Activity Restrictions: .

Special Diet Needs: .

Family Doctor: Phone #: .

Insurance Name: Phone #: .

Policy Holder: Birthdate of Policy Holder: .

Policy #: .

**Effort Baptist has permission to administer:**

Ibuprofen Tylenol Benadryl Neosporin

**Emergency Contact:**

Name: Phone #: .

**Specified Consent:**

*By signing below, I grant permission for my child to participate in activities provided by and located at Effort Baptist. If I do not wish for my child to participate in any activity, it is my responsibility to inform a youth leader of Effort Baptist prior to my child’s arrival.*

*The undersigned hereby acknowledges that the program(s) in which I have enrolled my child(ren) involves physical activity and exercise that carries some inherent health risks and risks of injury and I hereby assume those risks in enrolling my child(ren) in the program. I understand that my child(ren) may be transported by bus, van or private automobile to locations off the Effort Baptist grounds as part of the program activities, and I hereby give my permission for my child(ren)’s transportation. I also grant permission for my child(ren) to receive emergency medical attention should I not be able to be contacted in a timely fashion.*

*I, the undersigned, do hereby consent to the use by Effort Baptist of my child’s image or voice in any video, photograph or audio tape used for fundraising, advertising, publicity, or any other purpose on behalf of Effort Baptist. I also confirm that Effort Baptist and staff are not responsible for loss or damage of any personal items brought by students. After students are registered and confirmed by deposit, there are no cancellations or refunds.*

**Signature: Date: .**