



## **e a s t s i d e CHRISTIAN FELLOWSHIP Parental Consent and Medical Authorization**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Email: \_\_\_\_\_

### Parental Consent

As the Parent/Legal Guardian of: \_\_\_\_\_, I understand that my child will be participating in a number of activities which carry with them a certain degree of risk. Some of these activities are swimming, boating, hiking, camping, field trips, sports and other activities in which Eastside Christian Fellowship may offer. I consent for my child to participate in these activities. I also understand and give consent for my child to travel to and from these events in transportation provided by certified volunteer drivers.

### Medical Treatment Authorization

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to seek professional medical care and I give my permission for the doctor or medical professional to provide the medical services he/she may deem necessary. I will be responsible for the medical expenses so incurred. I will notify the church if I feel there are any health considerations that would prevent my child's participation in any of the activities. I also give my permission for the ECF Youth Leaders to restrict my child from participation in any activity in which they have a question about for health or other reasons.

**THIS FORM IS VALID FROM SEPTEMBER 1<sup>ST</sup>, 2019 – SEPTEMBER 1<sup>ST</sup>, 2021**

### **MEDICAL INFORMATION (Please Print)**

Allergies \_\_\_\_\_

Medications being taken \_\_\_\_\_

Physical limitations \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ Policy# \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_



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### Other Permissions

I give my permission for my child to take the over the counter medications listed below as needed while attending ECF EVENTS: ac-etaminophen, ibuprofen, antihistamine, throat lozenges, anti-nausea, anti-diarrhea, antibiotic ointment, anti-itch cream, ipecac, aloe, eyewash, and sunscreen.

I give permission for my child to participate in all activities on or off the grounds. In case of a medical emergency for my child, I hereby authorize ECF staff to act in their best judgment to seek medical attention through appropriate means, including ambulance use.

ECF Swimsuit Policy: Parents, please choose the swim attire for your sons & daughters that you feel the most comfortable with and best represents your convictions and values.

I give permission for my child/s pictures and videos to be used as camp promotional uses during and after the designated dates.

### **SIGNATURE OF PARENT OR LEGAL GUARDIAN**

**X** \_\_\_\_\_ Print Name:

Date: \_\_\_\_\_ Emergency contact phone number/s: \_\_\_\_\_

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