

Children's ACTIVITIES CONSENT FORM

Elizabeth Baptist Church, Monticello, FL

Name of child _____ Birth date _____
Name of parent(s) or guardian(s) _____
Parent(s) or guardian(s) email(s) _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Other person and/or number to call in emergency _____

Medical Information

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

If yes, please explain. _____

Does your child have any allergies of which we need to be aware? Yes No

If yes, please explain. _____

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

- | | | |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Seizure Disorders |

Please explain. _____

Does your child ever sleepwalk? Yes No

Child's blood type _____ (if known)

Does your child 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 No.: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the scheduled children's activities of Elizabeth Baptist Church of Monticello, Florida, its TEAMKID program and any other supervised activities customarily associated with its children's ministry group both on and off church property. Further, I certify that my child 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 Families & Missions Director Brian Saylor 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 child is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my child, if required by law or a health care provider: _____,

Families & Missions Director Brian Saylor or another adult chaperone designated by the Families & Missions Director. (**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 Elizabeth Baptist Church of Monticello, Florida and its representatives will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the Families and Missions Director in writing of any health changes that would restrict my child's participation in any normal children's activities. I also understand that the Families and Missions Director and designated adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Photo Release

I grant to Elizabeth Baptist Church, its representatives and employees the right to take photographs of my child and my property. I authorize Elizabeth Baptist Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Elizabeth Baptist Church may use such photographs of my child with or without his/her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Signature of Parent or Guardian **Date**

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____,
by _____, who is personally known to me or produced
_____ as identification.

(SEAL)

Notary Signature

Printed Name of Notary