

All Year Consent Form

2009 - 2010



Student Ministry @ EBC

850-682-9416

Please complete and return to Fuel 247 Student Ministry. All information will remain confidential.

Student Information	
First Name	Last Name
Birthday: Month _____ Day _____ Year _____	Insurance Carrier and Number:
Family Doctor:	Family Doctor Phone Number:
Allergies	
Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of? If yes, please explain.	
Parent Information	
Mother's Name	Father's Name
Home Phone Number	Home Address
Parent Cell Number (in case of emergency)	Parent email address (if you have one)
Emergency Contact Information	
Emergency Contact Name & Relationship	Phone Number
Consent & Release of Liability	
<p>The student named above is allowed to participate in all Fuel 247 Student Ministry activities. This includes activities & events held both at Emmanuel Baptist Church and outside of the church ("Outings"), including, but not limited to, our off campus small groups – Fuel Cells.</p> <p>I give the Fuel 247 Student Ministry permission to transport my child to activities and events sponsored by Emmanuel Baptist Church.</p> <p>My student has my permission to: (check all that apply, if any)</p> <ul style="list-style-type: none"> <input type="checkbox"/> drive their personal vehicle to activities and events sponsored by Emmanuel Baptist Church. <input type="checkbox"/> transport other students to activities and events sponsored by Emmanuel Baptist Church. <input type="checkbox"/> be transported by another student in their personal vehicle to activities and events sponsored by Emmanuel Baptist Church. <p>I understand that the leaders ("Sponsors") of Emmanuel Baptist Church will take every precaution with regards to the safety of my student and will not hold the church, pastors, and sponsors responsible in the event of any injury due to accident.</p> <p>If my child is injured, I authorize the Sponsors and other leaders to take appropriate action, including administering medical treatment by a first aid attendant or to authorize emergency medical personnel to act. In such emergency requiring medical attention, I expect to be notified immediately.</p> <p>I undertake and agree to indemnify and hold blameless Pastoral 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 the Emmanuel Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing the church.</p> <p>I have read, understood and agree with the above and sign it to cover all Fuel 247 Student Ministry activities for the year effective from the date signed through to September 30th, 2010.</p>	
_____ Signature of Parent	
_____ Date	