



**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>, 2021 – SEPTEMBER 1<sup>ST</sup>, 2023**

**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: \_\_\_\_\_

FOR OFFICIAL USE ONLY
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