

**REGISTRATION & PERMISSION FORM**  
**EMMANUEL BAPTIST CHURCH YOUTH/CHILDREN PROGRAMS**

*Event:* \_\_\_\_\_ *Dates:* \_\_\_\_\_

Name: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

**Child has my permission to attend off-premises activities:**    Yes        No   

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT**

We, \_\_\_\_\_ and \_\_\_\_\_ are

the parents/legal guardians having legal custody of \_\_\_\_\_, who is age \_\_\_\_\_, who resides with us, hereby give our permission for a licensed doctor, physician, or emergency treatment center selected by Emmanuel Baptist Church staff or volunteer if staff is unavailable, to administer the necessary attention and aid IMMEDIATELY to our child should he/she become injured or sick during any activity or trip and to do so without having to wait until we are contacted. We consent to any treatment, including but not limited to X-ray, examination, medical or surgical diagnosis, treatment, and hospital care.

We understand the activity directors will endeavor to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the activity personnel responsible if effort to contact me (us) are unsuccessful.

Date: \_\_\_\_\_ Father Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Mother Signature: \_\_\_\_\_

**OTHER INFORMATION:**

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell \_\_\_\_\_

Nearest Relative to Contact (other than parents) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Allergies to medicine/other allergies \_\_\_\_\_

Child is presently taking the following medication \_\_\_\_\_  
for the treatment of \_\_\_\_\_