

**Student Information**

Student's Name: \_\_\_\_\_ T-Shirt Size: S M L XL XXL XXXL  
Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Ph:(\_\_\_\_\_) \_\_\_\_\_ Cell Ph:(\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_  
Grade for 2023-2024 School Year: \_\_\_\_\_ School & School System: \_\_\_\_\_

**Parent/Guardian Information**

**Father's/Guardian's Name:** \_\_\_\_\_

*If different than student's information...*

Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Ph:(\_\_\_\_\_) \_\_\_\_\_ Cell Ph:(\_\_\_\_\_) \_\_\_\_\_  
Work Ph:(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Mother's/Guardian's Name:** \_\_\_\_\_

*If different than student's information...*

Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Ph:(\_\_\_\_\_) \_\_\_\_\_ Cell Ph:(\_\_\_\_\_) \_\_\_\_\_  
Work Ph:(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

*In case of emergency and the above cannot be contacted, call...*

1. Name: \_\_\_\_\_ Relationship with student: \_\_\_\_\_  
Home Ph:(\_\_\_\_\_) \_\_\_\_\_ Cell Ph:(\_\_\_\_\_) \_\_\_\_\_ Work Ph:(\_\_\_\_\_) \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship with student: \_\_\_\_\_  
Home Ph:(\_\_\_\_\_) \_\_\_\_\_ Cell Ph:(\_\_\_\_\_) \_\_\_\_\_ Work Ph:(\_\_\_\_\_) \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship with student: \_\_\_\_\_  
Home Ph:(\_\_\_\_\_) \_\_\_\_\_ Cell Ph:(\_\_\_\_\_) \_\_\_\_\_ Work Ph:(\_\_\_\_\_) \_\_\_\_\_

**Student Medical Information**

Health History (*please explain any condition we should be aware of*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (*insects/bites, drugs, food, etc.*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Normal Treatment of allergy: \_\_\_\_\_

Name and Dosage of Medications Currently taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know your student's blood type, if so what is it: \_\_\_\_\_

Do you know the date of your student's last tetanus shot, if so what is it: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Student Medical Information continued...

Family Physician: \_\_\_\_\_ Office Phone:(\_\_\_\_\_) \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_  
Insurance Company Phone (1): \_\_\_\_\_  
Insurance Company Phone (2): \_\_\_\_\_  
Insuring Parent's Name: \_\_\_\_\_  
Insuring Parent's Employer (Company): \_\_\_\_\_

## Liability and Medical Release

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, you agree to assume and accept all risks and hazards inherent in church-related social and sport activities including transportation to and from activities. You also agree that you will not hold Emmaus Baptist Church or its employees or volunteer assistants liable for damages, losses or injuries to the person named on this form. You understand that this form and your signature are for both medical and liability release.

### Emmaus Baptist Church Student Ministries, and Volunteers Are Designed By The Abbreviation "EBC" Throughout this Entire Form

1. I (we) hereby authorize EBC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached
2. I (we) hereby authorize EBC to transport my (our) child to or from church and/or any other related and sponsored activities and events.
3. I (we) hereby authorize EBC to include (our) child in supervised water activities.
4. I (we) hereby authorize EBC and its acting leaders to teach and lead my (our) child in religious lessons and services which may include prayer and Bible teachings.
5. I (we) hereby authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.
6. I (we) hereby do authorize any leader of the EBC to dispense to my (our) child any necessary over the counter medications according to proper dosage instructions when deemed necessary
7. I (we) do hereby authorize any licensed physical or medical treatment center to treat my (our) child in the case of emergency in which the before named physician can respond
8. The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred and in connection with such medical and dental service rendered to the aforementioned child pursuant to this authorization.
9. Should it be necessary for my (our) child to return home due to medical reasons, discipline reasons, or otherwise the undersigned shall assume all transportation costs.
10. I (we) hereby release forever discharge and agree to hold harmless EBC and the directors therefore from any and all liability, claims, or demands for personal injuries sickness or death as well as property damages and expenses of any nature whatsoever may be incurred by the undersigned adult and the child-participant that occur while said child is participating in any trip or activity with EBC.
11. Furthermore, I (we) [and on behalf of my (our) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage, and expenses as a result of participation in recreation and work activities involved therein.
12. Further authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.
13. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, and agents for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.
14. The medical consent and liability waiver provisions hereof shall remain in full force through the summer of 2024 and in effect until written notice of revocation or withdrawal is received by EBC at its office on 16001 South Western Oklahoma City, Oklahoma 73170. It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed at the beginning of this form.

The above Liability and Medical Release covers any and all activities sponsored by or associated with Emmaus Baptist Church.

I give permission for my child, \_\_\_\_\_, to participate in all activities as part of the ministry of Emmaus Baptist Church of Oklahoma City, Oklahoma through the Summer of 2024.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Medical Release Forms currently on file may be reviewed at any time and updated as needed.