

Ebenezer United Church of Christ
Student Registration and Medical Consent Form
2009-2010

Student(s) Name _____ Age ____ Grade ____ Date of Birth _____

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Parent/Guardian _____

Address _____ City _____ State ____ Zip _____

Home Phone Number ()- ____ - ____ Email Address _____@_____

Work Phone Number ()- ____ - ____ Cell Phone ()- ____ - ____

Alternative Contact Person ()- ____ - ____

My Child's interests are:

- | | |
|---------------------|--------------------------|
| _____ Crafts | _____ Youth Group |
| _____ Drama | _____ Christmas Caroling |
| _____ Storytelling | _____ Sports |
| _____ Singing/Choir | _____ Other (list) |
| _____ Acolytes | _____ |
| _____ Reader | _____ |
| | _____ |

Medical information:

We/I hereby give our (my) consent to _____
(Ebenezer United Church of Christ Staff)

who will be caring for our (my) child(ren) _____
(Name of Child (ren))

to arrange for routine or emergency medical care and treatment necessary to preserve the health of our (my) child, if we/I am unavailable to give consent in a timely manner.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered.

Physician: _____ Phone number () - ____ - ____

Dentist: _____ Phone number () - ____ - ____

Child's allergies, special medical needs, if any:

Signature: _____ Date: _____
(Mother, Father or Legal Guardian)

